

PREVIOUS EMPLOYMENT

This section is to be filled out by Applicant.

I hereby authorize you to release the following information to: Fast Recruiting, Inc. or its assigns for purposes of investigation:

- Employment Verification

For purposes of investigation as required by Section 391.23 and 382.405 of the Federal Motor Carrier Safety Regulation, I hereby authorize you to supply the following information to U.S. Placement, Inc. or its assigns:

- Driving Record/History
- Alcohol/Controlled Substance Testing Section 391.23 Section 382.405

You are released from any and all liability which may result from furnishing such information.

Signature of Applicant: _____ Date: _____

This section is to be filled out by Requestor.

I hereby certify that in accordance with the Fair Credit Reporting Act (Public Law 91-508) the information requested below will be used for "permissible purpose" as defined in the Act. I hereby certify that the applicant named below will receive identification of sources of such information which results in denial of employment.

Signature of Requestor: _____ Date: _____

Return to Fast Recruiting, Inc.: fastrecruiting@yahoo.com

Dear Sir/Madam:

The following named person has made an application with our company for the position of:

Please furnish the applicants employment history below. For drivers, as in accordance with Section 391.23 & 382.405 of the Federal Department of Transportation regulations, please furnish the requestor with the applicants driving record and controlled substance/alcohol testing record. Information on your files for this applicant:

Name: _____ Date of Birth: _____

(Drivers Only)

Address: _____

Drivers License: _____ Soc. Sec. #: _____

Employment History:

General: Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Was his/her overall performance satisfactory? Yes () No () Comment: _____

Is he/she eligible for re-hire? Yes () No () Comment: _____

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Drivers Only: Did he/she drive a motor vehicle while in your employ? Yes () No ()

If Yes, () Van () Straight Truck () Tractor/Semi () Dump Truck () Other

Was he/she a safe driver? Yes () No () Comment: _____

Has he/she ever tested positive for a controlled substance within the last 2 years? Yes () No () Has this person ever had an alcohol test with a Breath Alcohol Concentration .04 or greater in the last 2 years? Yes () No () If yes to any of the above, please give the SAP's (Substance Abuse Professional) name, address and phone number below:

Signature: _____ Title: _____ Date: _____