

# REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to

\_\_\_\_\_ for purposes of investigation as required by  
(Prospective Employer)

Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_ Date

\_\_\_\_\_ (Applicant's Signature)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_  
\_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely

\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_  
at wage or salary of \_\_\_\_\_.
2. Did he/she drive motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semi-Trailer? \_\_\_\_\_  
\_\_\_\_\_, Bus \_\_\_\_\_, Other (Specify) \_\_\_\_\_.
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharged: \_\_\_\_\_; Resignation \_\_\_\_\_; Lay Off \_\_\_\_\_;  
Military Duty \_\_\_\_\_.
5. Was his/her general conduct satisfactory? \_\_\_\_\_.
6. Please advise history of past driving record if available for past three years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KIMMINS CONTRACTING CORP.**  
**1501 2<sup>nd</sup> Avenue**  
**Tampa, Florida 33605**  
**Driver's Application for Employment**

(Answer all questions – please print)

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, Religion, sex, national origin, age, marital status, or non-job disability.

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City  
 \_\_\_\_\_  
State Zip Code Phone

ADDRESS \_\_\_\_\_ How Long? \_\_\_\_\_

FOR PAST \_\_\_\_\_  
Street City State/Zip Code

THREE \_\_\_\_\_ How Long? \_\_\_\_\_

YEARS \_\_\_\_\_  
Street City State/Zip Code

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you been convicted of a felony or misdemeanor? **	Yes	No	Describe:
**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.			

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Required for Truck Drivers)

Can you provide proof of age? \_\_\_\_\_

Have you worked for Kimmins before/ \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

\_\_\_\_\_ No \_\_\_\_\_ Yes If yes, explain if you wish \_\_\_\_\_

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle\* in intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.  
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER			DATE	
			FROM	TO
NAME			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.		REASON FOR LEAVING	
EMPLOYER			DATE	
			FROM	TO
NAME			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.		REASON FOR LEAVING	
EMPLOYER			DATE	
			FROM	TO
NAME			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.		REASON FOR LEAVING	
EMPLOYER			DATE	
			FROM	TO
NAME			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.		REASON FOR LEAVING	
EMPLOYER			DATE	
			FROM	TO
NAME			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.		REASON FOR LEAVING	
EMPLOYER			DATE	
			FROM	TO
NAME			MO. YR.	MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NO.		REASON FOR LEAVING	

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicles used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSE	STATE	LICENSE NO.	TYPE	EXP. DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES\_\_\_ NO\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES\_\_\_ NO\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILER				
OTHER				

List states operated in for last five years \_\_\_\_\_

Show special courses or training that will help you as a driver \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Kimmins Contracting Corp.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

**THE FOLLOWING INFORMATION IS TO BE FILLED OUT BY A COMPANY REPRESENTATIVE  
PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN TEST						
ROAD TEST						
CRIMINAL AND TRAFFIC CONVICTIONS						

**SIGNATURE OF INTERVIEWING OFFICER** \_\_\_\_\_

**PLEASE READ CAREFULLY**

Date\_\_\_\_\_

**Applicant Authorization and Consent for Release for Information**

We truly welcome your application with Kimmins Contracting Corp. and we are proud that our success is the result of the quality and caliber of our employees. In pursuit of that excellence, we require as a condition of employment and/or continued employment, that all applicants consent to and authorize a Pre-Employment Verification of the background information submitted on the application or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement will be considered as cause for possible dismissal. The results of this verification process will be used to determine employment eligibility under the Company employment policies. All results will be proprietary and will be kept Confidential. The information obtained will not be provided to any parties other than to designated Kimmins personnel.

This release and authorization acknowledges that Kimmins Contracting Corp. may now, or at any time that I am employed, conduct a verification of Education, Previous Employment, Work History, contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and motor vehicle records, any Criminal History Record information pertaining to me which may be in the files of any Federal, State or Local Criminal Justice agency in Florida or any other States, and any other information as deemed necessary to fulfill the job requirements and retrieve in conformance with the Americans Disabilities Act, I acknowledge by my signature below that employment is contingent upon a satisfactory background verification.

I agree to the release of all the above aforementioned information and after being extended an offer, workers' compensation information obtained from the Department of Labor and or the Workers' Compensation Commission is hereby authorized.

I authorize Kimmins and any of its agents or designated Kimmins personnel to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of Kimmins.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide Kimmins with all information that may be requested. I hereby release all of the persons, and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge Kimmins and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any charge or complaint filed with any agency arising from the retrieving and report of this information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by prospective employer and to receive upon written request, a disclosure of the public record information and of the nature and scope of the background verification report.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
D/L #

\_\_\_\_\_  
**Signature (must sign)**

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

PLEASE PRINT:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Position Applied For \_\_\_\_\_

Referral Source:      \_\_\_\_\_Advertisement      \_\_\_\_\_Friend      \_\_\_\_\_Relative  
                                 \_\_\_\_\_Employment Agency      \_\_\_\_\_Walk In      \_\_\_\_\_Other\_\_\_\_\_

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AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one:              \_\_\_\_\_ Male              \_\_\_\_\_Female

Check one of the following: Race/Ethnic Group

                 \_\_\_\_\_White              \_\_\_\_\_Black              \_\_\_\_\_Hispanic  
                 \_\_\_\_\_American Indian/Alaskan Native      \_\_\_\_\_Asian/Pacific Islander