



**HALVOR LINES INC.**

217 Grand Ave  
Superior, WI 54880

**Return Fax: 715-392-1969 – ATTN: RECRUITING**

Phone: 800-233-2914 Email: [recruiting@halvorlines.com](mailto:recruiting@halvorlines.com)

**REQUEST INFORMATION FROM PREVIOUS EMPLOYER**

I hereby authorize you to release the following information to Halvor lines Inc. for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. I hereby release and discharge you and Halvor lines from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Soc. Sec# \_\_\_\_\_

**DRIVER DO NOT WRITE BELOW THIS LINE**

NAME AND ADDRESS OF  
PREVIOUS EMPLOYER:

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

**THIS FORM WAS** (check appropriate box)

Mailed, Date: \_\_\_\_\_

Faxed, Date: \_\_\_\_\_

Received by phone, Date: \_\_\_\_\_

Name of person Contacted: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Social Security No : \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

The above named individual has made application to Halvor Lines Inc. for a position as a Driver and states that he/she was employed by you as a \_\_\_\_\_ . From (m/y) \_\_\_\_\_ to \_\_\_\_\_ .

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within 3 years preceding (date of application). Please complete the information below and return to us as soon as possible.

You may return the information by telephone, fax or email numbers listed above.

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

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**All dates of employment** \_\_\_\_\_ to \_\_\_\_\_ **Position** \_\_\_\_\_

**Equipment:** Dry Van Reefer Flatbed Tanker Dump Other \_\_\_\_\_

Straight Truck Tractor/Trailer Other

**Experience:** OTR how many states operated \_\_\_\_\_ Regional (states) \_\_\_\_\_

**Reason for leaving:** Still employed Quit Terminated(reason) \_\_\_\_\_

**Accidents:** (if none please state)

Date Type/Location No. of injuries/Fatalities D.O.T Preventable

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is Driver eligible for rehire? Yes No Upon review

If driver was not subject to Department of Transportation alcohol & drug testing requirements while in your employment, please check here

Signature of preparer \_\_\_\_\_ Title \_\_\_\_\_

Please print name \_\_\_\_\_ Date \_\_\_\_\_