

ORSCHELN FARM & HOME LLC

Inquiry To Previous Employers

Applicant Instructions: Please complete highlighted fields electronically or print the form and answer all highlighted fields. Print, **sign**, and return via fax or U.S. mail.

Previous Employer Instructions: Please complete and respond via fax or U.S. mail.

Please submit via fax or mail:
Orscheln Farm & Home LLC
Attn: Erle Bergstrom
1515 Omar Bradley Dr
Moberly, Mo 65270
Fax: (660) 269-4025

To _____
Company: _____
Name: _____
Address: _____
City: _____
State: _____ Zip: _____

The person named below has applied to this company for employment. Your company is listed by the applicant as a past employer. As you will note from the waiver stated below, the applicant has waived any claims of liability against your company and it's agents for information submitted in response to this inquiry.

Name of Applicant: _____

Social Security No. _____

Job Applied for: _____

1. Listed dates of employment with your company from: _____ to: _____
Is this correct? Yes No If no, please explain: _____
2. If employed as a driver, please indicate type of equipment driven. Tractor/Trailer ,
Straight truck , Twin-trailers , Other
3. Number of Recordable Accidents _____ Number of accidents applicant was ticketed _____,
Number of accidents the applicant was at fault _____ (please explain) _____
Date of each accident _____
4. To your knowledge, was the applicants CDL/Operators license suspended while with your
company? Yes No . If so, please explain _____
5. Did the applicant pose either repeated and or severe disciplinary problems? _____ If so,
please explain _____
6. Why did the applicant leave your company? Resigned Discharged Laid Off
7. Would you re-hire this applicant? Yes No
8. Please rate this applicants performance and attitude while employed with your company:
Excellent Good Average Fair Poor
9. Did this driver have any logbook or log issues? Yes No
10. Was this driver dependable and accurate in his duties? Yes No

Comments: _____

BY: _____ Date: _____
(Signature of person supplying information) (Title)

WAIVER

(FORMER EMPLOYER)

(DATE)

I hereby authorize you to release all information concerning my employment including oral assessments of my job performance, ability and fitness to each and every company (or their authorized agents), which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

(Applicants Signature)

(Witness's Signature)

ORSCHELN FARM & HOME LLC

REQUEST / CONSENT FORM FROM PREVIOUS EMPLOYER(S) FOR ALCOHOL & CONTROLLED SUBSTANCE RECORDS

Applicant Instructions: Please complete highlighted fields electronically or print the form and answer all highlighted fields. Print, **sign**, and return via fax or U.S. mail.

Previous Employer Instructions: Please complete and respond via fax or U.S. mail.

Please submit via fax or mail:

Fax: (660) 269-4025

Attn: Erle Bergstrom

Mail: Orscheln Farm & Home RSC

Attn: Erle Bergstrom

1515 Omar Bradley Drive

Moberly, Mo. 65270

Previous Employer Address / Phone and Fax Numbers:

(Company Name)	(Phone #)	(Fax #)
(Address)	(City)	(State) (Zip Code)

TO BE COMPLETED BY APPLICANT

(Date)	(Print Name)	(Signature)
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I hereby authorize my previous employer, to release and forward all information on any Alcohol and Controlled Substance Testing to Orscheln Farm & Home LLC.

AUTHORITY FOR REQUEST

This is a specific request for Alcohol and Controlled Substance testing information regarding the employee driver named above. This request for information is made in order to fully comply with specific requirements of the Federal Highway Administration (FHWA), 49 CFR parts 40.25 and 40.27 to secure this information from all previous employers during the past 3 years of the driver within 14 calendar days.

INFORMATION REQUESTED – TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this person ever tested positive for a controlled substance in the last 3 years: Yes No
2. Has this person ever had an alcohol test with BAC of 0.04 or greater? Yes No
3. Has this person ever refused a required test for drugs or alcohol? Yes No

If **YES** to any of the above questions, please give the name, address and phone number of the Substance Abuse Professional (SAP) for further reference.

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Information provided by: _____ Date: _____