

Golden Gate Petroleum
501 Shell Ave Martinez, CA 94553
Tel: 925-228-2222 Fax: 925-957-9589

Previous Employer Inquiry

The below named individual has applied for the position of Professional Driver with Golden Gate Petroleum. We are required by law to verify that the below information is correct. Please complete the enclosed form and return

We request that you expedite this request so we can consider the individual for employment with our company. Your reply will be held in the strictest of confidence and in accordance with the signed release by the applicant.

Please complete the enclosed form and return it to my attention. For your convenience, we have enclosed a self-addressed envelope.

Sincerely,

Lori O'Keefe
Risk Manager
Golden Gate Petroleum

Applicant Complete this Section

Company Worked For: _____ Contact Person: _____

Address: _____ Street _____ City/State _____ Zip _____

Telephone: _____ Fax: _____

I worked for the above company as a _____ (position) and was employed from ____ / ____ / ____ to ____ / ____ / ____.

Applicant Authorization

I hereby authorize the release of the following information to Golden Gate Petroleum for the purpose of investigation as required by the following three Sections of the Federal Motor Carrier Safety Regulations: (1) 382.405(f)-alcohol and drug testing records shall be made available to subsequent employers upon written request by a driver; (2) 283.414(b)-employer shall obtain, with driver's consent, alcohol tests of .04 or greater, positive drug tests and refusals to test for proceeding two years; (3) 391.23-must acquire employment records for the proceeding three years. You, Golden Gate Petroleum, are released from any and all liability, which may result from furnishing such information.

Signature _____ Date _____

Printed Name _____ Social Security Number _____

Golden Gate Petroleum

Previous Employer _____

Name of Applicant _____

Social Security Number: _____

1. Are employment dates correct as stated? Yes _____ No _____

2. What was his/her position? _____

3. Did he/she have custody of valuables? _____

4. Was his/her account of these valuables properly maintained? _____

5. If employed as a driver, please indicate type of equipment driven.
Tractor Trailer _____; Straight Truck _____; Bus _____;
Other(specify) _____

6. Number of accidents _____ Number preventable _____

7. Reason for leaving your employment: Discharged _____ Resignation _____ Laid off _____

Other: _____

	Yes	No
Alcohol Test Results .04 or greater in previous 2 years		
Positive Drug Test in previous 2 years		
Refusal to submit to an alcohol or drug test in previous 2 years		

Work Performance	Excellent	Good	Fair	Poor
Quality of work				
Cooperation with others				
Driving skill				
Attitude				
Attendance				

*** If yes to any of the above alcohol/drug questions, please give substance abuse professional's name, address and telephone number below.

Additional Information: _____

Preparer's Name _____ Title: _____

Date: _____