



**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

May we contact your previous Supervisor for a reference? **YES NO**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

May we contact your previous Supervisor for a reference? **YES NO**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

May we contact your previous Supervisor for a reference? **YES NO**

**PROFESSIONAL REFERENCES**

Please list three **Professional** references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list three **Personal** references.

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**SPECIAL LICENSES / SKILLS**

**SPECIAL LICENSES:**

**SKILLS PERTAINING TO POSITION:**

**DISCLAIMER AND SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application, resume or interview may result in my release.*

*I understand that should I be hired, there is a 90 day probational period from date of hire.  
I understand that my employment may be terminated at any time during this probationary period.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information - **Motor Vehicle Driving Record** - For purposes of investigation as required by sections 391.23 and 391.25 of the federal motor carrier safety regulations. You are released from any and all liability, which may result from furnishing such information.

(Print Name)

(Signature)

(Date)

In Accordance with the provisions of sections 604 and 607 of the Fair Credit Reporting Act, public law 91-508, as amended by the Consumer Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following: Credit

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) No other purpose.
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation
5. Before taking an adverse action based in whole or in part on the report the Consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (public law 103-322, Title XXX, Section 300002(a))

(Signature of Requester)

(Date)

TO: **Phillips Insurance Agency**  
**97 Center Street**  
**Chicopee, MA 01013**

DEAR SIR/MADAM:

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

In accordance with Section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

- The following named person is employed with our company in the position of

In accordance with Section 391.25 Federal Department Transportation regulations, please furnish the undersigned with the employee's driving record for the past year.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Number & Street)

(City)

(State)

(Zip Code)

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

License Number: \_\_\_\_\_

**REQUESTED BY:**

Joseph S. Rae, LLC

2231 Route 2

Shelburne Falls, MA 01370

Cindy Pelletier / Kim Brown

(Requestor Name)

Office Manager / Admin Assistant

(Title)

(Signature)