



Augusta Cooperative Farm Bureau, Inc.

APPLICANT REFERENCE CHECK FORM

PREVIOUS EMPLOYER: _____ DATE: _____

ADDRESS: _____

PHONE: _____

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY NUMBER: _____

APPLICANT SIGNATURE AUTHORIZING REFERENCE CHECK

THE ABOVE NAMED PERSON HAS APPLIED FOR A DRIVING POSITION WITH AUGUSTA COOPERATIVE FARM BUREAU. IN ORDER TO COMPLY WITH THE FMCSA WE WOULD APPRECIATE YOUR ASSISTANCE IN THIS REFERENCE CHECK. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

THIS SECTION IS TO BE COMPLETED BY PREVIOUS EMPLOYER

RECORD OF EMPLOYMENT:

HIRE DATE: _____ END DATE: _____

POSITION HELD: _____

REASON FOR LEAVING: _____

WHAT TYPE OF MOTOR VEHICLE DID THE ABOVE MENTIONED OPERATE:

CAR ___ TRUCK ___ STRAIGHT TRUCK ___ ROAD TRACTOR ___ BUS ___

DID ANY SAFETY VIOLATIONS OCCUR?(IF YES PLEASE EXPLAIN) YES ___ NO ___

WERE THERE ANY POSITIVE DRUG/ALCOHOL TEST? (IF YES PLEASE EXPLAIN) YES ___ NO ___

WERE THERE ANY MOTOR VEHICLE ACCIDENTS DURING EMPLOYMENT(IF YES EXPLAIN) YES ___ NO ___

PLEASE CHECK THE MOST APPROPRIATE RATING FOR THE FOLLOWING ATTRIBUTE:

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
<u>QUALITY OF WORK</u>	_____	_____	_____	_____
<u>DRIVING SKILL</u>	_____	_____	_____	_____
<u>COOPERATION WITH OTHERS</u>	_____	_____	_____	_____
<u>INITIATIVE</u>	_____	_____	_____	_____
<u>SAFETY HABITS</u>	_____	_____	_____	_____
<u>ATTENDANCE</u>	_____	_____	_____	_____
<u>ATTITUDE</u>	_____	_____	_____	_____

WOULD YOUR COMPANY REHIRE? YES _____ NO _____

ADDITIONAL COMMENT(S):

THANK YOU FOR TAKING THE TIME TO FILL OUT THE ABOVE FORM. PLEASE RETURN ATTENTION TO:

HUMAN RESOURCES
STACI ALGER
540-885-5582 (FAX)
SALGER@AUGUSTACOOOP.COM

NAME OF AUTHORIZED EMPLOYEE

SIGNATURE OF AUTHORIZED EMPLOYEE

DEPARTMENT

DATE