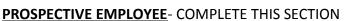


REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: Mandy at Mountain Energy Services, Inc. Ph 570-836-2222 Fax 570-836-3030

To:	Date:					
has r	nade applic	plication to this company for a position as				and
states that he/she was employed	by you as_		from		_to	
We ask that you please reply to t confidence and will in no way inv				nt. Your reply	will be held in str	ict
		Very tru	ly yours,			
		Mounta	in Energy Serv	vices, Inc. Safe	ty Department	
1. Is the employment record	with your	company correc	t as stated ab	ove?		
2. What kind(s) of work did						
3. Did the applicant drive mo	otor vehicle	s for you? Passe	enger car	Straigl	nt Truck	
Bus	Tracto	or-Semitrailer	C	Other (specify)		
4. Was the applicant a safe a	and efficien	t driver?				
5. Give the dates of vehicle a	accidents in	which he/she v	vas involved.			
6. Reason for leaving your e						
7. Was the applicant's gener						
8. Is the applicant competer9. Did the applicant drink an						
	cellent	Good	Fair	Poor	Very Poor	
Quality of work						
Cooperation with others						
Safety habits Personal habits						
Driving skill						
Attitude						
Remarks:					-	
Date: Signature	:			 		
Name of Company:						
You are hereby authorized to give						
character, and conduct while in y	our employ	, and are hereb	y released fro	m any and all	liability which ma	ay
result by furnishing such informa						
X		X				
Print name of applicant		signature of app	olicant		date	





Pursuant to 382.45(f)(h), and 382.413, I the undersigned, hereby authorize any and all information requested by paragraph (a)(1) of this section be released by: Previous Employer: Street Address: City, State, Zip: Phone: Fax: And forwarded to: Mountain Energy Services, Inc. Attn: Mandy 83 East Tioga Street, Suite 2 Tunkhannock, PA 18657 Phone: 570-836-2222 Fax: 570-836-3030 Printed Name of Applicant Signature of Applicant Date **If applicant refuses to provide written consent, you must not permit the employee to perform safety-sensitive tasks ______ PREVIOUS EMPLOYER- Complete this section IN THE PAST THREE (3) YEARS: YES 1. Has this person ever tested positive for a controlled substance? 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? ☐ YES □ NO ☐ YES 3. Has this person ever refused a required test for drugs or alcohol? 4. Has this person ever had any other violations of DOT agency drug & alcohol testing regulations? ☐ YES 5. If the answer to any of the above questions is YES, please give the Substance Abuse Professional's name, address and phone number for future reference: Name: Address: City, State, Zip: Phone: PROSPECTIVE EMPLOYER- COMPLETE THIS SECTION Consent form was: _____MAILED _____FAXED to previous employer on ____ Date Information received on: ______ VIA \square FAX \square MAIL \square PHONE Recorded by: _____ PERSONAL INTERVIEW Date Received: