



Coastal Transport Co., Inc.

1603 Ackerman Road

San Antonio, TX 78219

Phone #: 210/661-4287 Fax #: 210/662-8712

REQUEST FOR PREVIOUS EMPLOYMENT INFORMATION – NON DRIVER

Applicant Name: _____ SSN: _____

Company Name: _____ Phone #: _____

Fax #: _____

The above named individual has applied for employment with our company. Your response to our request for information is greatly appreciated.

List all Date(s) of Employment:

From: ___/___/___ To: ___/___/___ From: ___/___/___ To: ___/___/___

Job Title: _____

Work record: Satisfactory
 Unsatisfactory

Attendance: Satisfactory
 Unsatisfactory

Reason for leaving: _____

Eligibility for Rehire: Yes No Upon Review

If not, please explain: _____

Any on the job injuries? Yes No

Please provide date and description. _____

Additional comments: _____

Name of Individual Completing Form:

Name: _____ Signature: _____ Date: _____

*****Bottom for Coastal Transport use only*****

Verification of Employment completed by:

Name: _____ Signature: _____ Date: _____