



MANDATORY

FORM 6

PREVIOUS EMPLOYERS' REFERENCES
Information on employee
All the information will remain confidential

NOTE : Please use one (1) form per employer called.
USA : In the case of drivers operating in the United States, check the history of the applicant with the employers of the last three (3) previous years, including any possible current employer.

LAST AND FIRST NAMES OF THE APPLICANT : SOCIAL INSURANCE NO. :

ADDRESS : (Street address) (City) (Province) (Postal code)

PHONE NO. (Home) : DRIVER'S LICENSE : DATE DE BIRTH :

SOURCE

NAME OF COMPANY CALLED : TEL. :

ADDRESS : (Street address) (City) (Province) (Postal code)

TERM OF EMPLOYMENT : (Month / Year) TO (Month / Year)

PERSON TALKED TO : EXT. NO. : FUNCTION :

QUESTIONNAIRE

1 Is the information stated accurate? [ ] Yes [ ] No
2 Term of employment of the employee with your company:
3 Was the employee reliable? [ ] Yes [ ] No
4 Was the employee punctual? [ ] Yes [ ] No
5 Did the employee make occupational errors?
6 What type of vehicle was the employee driving?
7 What kind of attitude the employee had toward: a) the clients? b) his/her coworkers? c) the management? d) the equipment?
8 Number of accidents during his/her employment: Dates of the last two accidents or all that occurred after April 29, 2003
9 Do you know if the employee has: a) family problems? b) financial problems?
10 Reasons of his/her leaving:
11 Would you hire this employee again? [ ] Yes [ ] No Explanations:
12 Do you know if the employee has: a) drugs or alcohol problems? b) health problems?
13 Did the employee use to complete the forms correctly? [ ] Yes [ ] No Explanations:
14 Was he/she a money carrier? [ ] Yes [ ] No
15 Is the employee honest? [ ] Yes [ ] No
16 Was his/her general looking satisfactory? [ ] Yes [ ] No Explanations:
17 Within the past three years, did the driver violate the alcohol and controlled substances prohibitions?

18 COMMENTS :
Signature Date

