

# PAYNE TRANSPORTATION LP

## Application for Employment



**Note:** The following application for employment MUST be returned with the following information attached.

- 1.) **Current Drivers Abstract (no older than one month from date of application)**
- 2.) **Criminal Search (no older than one month from date of application)**

**Thomas McKee**  
*Senior Director-*

*Driver Services & Innovation*

Ph: (204) 953-1400

Fax: (204) 694-5810

Toll Free: 1-866-GO-PAYNE

tmckee@paynetransportation.com



**Head Office**

435 Lucas Avenue

Box 67, Grp. 200, R.R.#2

Winnipeg, MB R3C 2E6

[www.paynetransportation.com](http://www.paynetransportation.com)

*Our Life is the Highway™*



**INSTRUCTIONS: PLEASE USE PEN & PRINT LEGIBLY. FILL APPLICATION OUT COMPLETELY OR REVIEW WILL NOT BE CONSIDERED**

\*\*\* THE INFORMATION CONTAINED IN THIS APPLICATION WILL BE CONSIDERED CONFIDENTIAL \*\*\*

POSITION APPLIED FOR: \_\_\_\_\_ DATE of APPLICATION: \_\_\_\_\_  
Dry Van / Flat Deck / RGN / TEAM - Expedited Day/Month/Year

CHECK DRIVER TYPE: **COMPANY DRIVER**  **OWNER OPERATOR**  DATE AVAILABLE: \_\_\_\_\_  
Day/Month/Year

DID A DRIVER REFER YOU TO PAYNE? **YES**  **NO**  IF YES, WHO REFERRED YOU? \_\_\_\_\_  
Payne Driver Name

HAVE YOU WORKED FOR, OR APPLIED FOR WORK WITH PAYNE ANYTIME IN THE PAST? **YES**  **NO**

IF YES, STATE DATE & POSITION HELD: \_\_\_\_\_

## PERSONAL DATA

NAME: \_\_\_\_\_  
Last First Middle

HOME TELEPHONE: \_\_\_\_\_ CELLULAR TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Years lived at address: \_\_\_\_\_  
Street City Province Postal Code

PREVIOUS ADDRESS: \_\_\_\_\_ Years lived at address: \_\_\_\_\_  
Street City Province Postal Code

HEALTH SERVICES NO.: \_\_\_\_\_ PROV: \_\_\_\_\_ SOCIAL INSURANCE NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVERS LICENCE #: \_\_\_\_\_ FAST CARD APPROVED: **YES**  **NO**  IF YES, FAST # is: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ NUMBER OF DEPENDENTS (SPOUSE INCLUDED): \_\_\_\_\_ (OPTIONAL)  
Day / Month / Year

Are you legally entitled to work in Canada? **YES**  **NO**  If NO, explain: \_\_\_\_\_

Can you legally enter the United State? **YES**  **NO**  If NO, explain: \_\_\_\_\_  
(Criminal Record may Bar Entry)

If working under a pardon/waiver, state pardon number & attach a copy: \_\_\_\_\_

Are you bondable? **YES**  **NO**  If NO, explain: \_\_\_\_\_

Do you have any outstanding or unpaid citations in Canada or Us? **YES**  **NO**  If YES, explain: \_\_\_\_\_

Do you have any warrants out for your arrest? **YES**  **NO**  If YES, explain: \_\_\_\_\_

## PHYSICAL HISTORY \*\*\*Note: PRE-EMPLOYMENT DRUG SCREEN BY COMPANY APPROVED CLINIC REQUIRED\*\*\*

List any physical limitations, relative to the job: \_\_\_\_\_

Are you currently under the care of a doctor? **YES**  **NO**  If YES, explain: \_\_\_\_\_

Have you had any major illnesses in the last 5 years? **YES**  **NO**  If YES, explain: \_\_\_\_\_

Are you physically capable of heavy manual work? **YES**  **NO**  If NO, explain: \_\_\_\_\_

Have you ever been injured on the job? **YES**  **NO**  If YES, explain: \_\_\_\_\_

Was the above a WCB claim? **YES**  **NO**

How much time lost from work in the past 3 years due to illness &/or injury \_\_\_\_\_

## EMERGENCY CONTACT

In case of emergency notify: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ Home Phone Number Work Phone City Province

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 TRADE SCHOOL/COLLEGE: 1 2 3 4

Date last attended: \_\_\_\_\_ Last school attended: \_\_\_\_\_  
Name City

Diplomas or certificates held: \_\_\_\_\_

## DRIVING INFORMATION

Accident record for the past 5 years:

Date	Nature of Accident	Location	Injuries	Charges laid

Traffic convictions within the last 5 years:

Date	Charges	Location	Type of vehicle	Points assessed

DRIVERS LICENSE #: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ Expiry: \_\_\_\_\_

Have you held a license from another jurisdiction in the last 5 years? **YES**  **NO**  If YES, where: \_\_\_\_\_

Has your license ever been suspended? **YES**  **NO**  If YES, explain: \_\_\_\_\_

Have you ever been convicted for driving under the influence? **YES**  **NO**  If YES, explain: \_\_\_\_\_

# EMPLOYMENT RECORD

LIST ALL EMPLOYERS INCLUDING THOSE FOR WHICH YOU HAVE OPERATED A COMMERCIAL MOTOR VEHICLE(S) FOR A MINIMUM OF THE LAST 10 YEARS, IF APPLICABLE. LEAVE NO EMPLOYMENT GAPS UNANSWERED IF THERE ARE GAPS IN EMPLOYMENT (UNEMPLOYMENT, MEDICAL, ETC.), PLEASE LIST REASONS ON PAGE 4. FAX NUMBERS REQUIRED ONLY ON EMPLOYERS FOR THE LAST 3 YEARS.

LAST EMPLOYER		DATES	POSITION HELD
NAME:		START:	
CITY:		DATE:	REASON FOR LEAVING
SUPERVISOR:		END:	
PHONE #:	FAX #:	DATE:	
WERE YOU SUBJECT TO THE FMCSR REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECOND LAST EMPLOYER		DATES	POSITION HELD
NAME:		START:	
CITY:		DATE:	REASON FOR LEAVING
SUPERVISOR:		END:	
PHONE #:	FAX #:	DATE:	
WERE YOU SUBJECT TO THE FMCSR REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PREVIOUS EMPLOYER		DATES	POSITION HELD
NAME:		START:	
CITY:		DATE:	REASON FOR LEAVING
SUPERVISOR:		END:	
PHONE #:	FAX #:	DATE:	
WERE YOU SUBJECT TO THE FMCSR REGULATIONS WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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SUPERVISOR:		END:	
PHONE #:	FAX #:	DATE:	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Do you give us your consent to contact these employers? YES  NO

PREVIOUS EMPLOYER		DATES	POSITION HELD
NAME:		START:	
CITY:		DATE:	REASON FOR LEAVING
SUPERVISOR:		END:	
PHONE #:	FAX #:	DATE:	
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CITY:		DATE:	REASON FOR LEAVING
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PHONE #:	FAX #:	DATE:	
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NAME:		START:	
CITY:		DATE:	REASON FOR LEAVING
SUPERVISOR:		END:	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## UNEMPLOYMENT GAPS

LIST ANY GAPS IN EMPLOYMENT AND STATE THE REASON BELOW

FROM		TO		CITY & PROVINCE	REASON - UIC, HEALTH, TRANSFER (SPOUSE), ETC.
MTH	YR	MTH	YR		
/		/			
/		/			
/		/			

## DRIVING EXPERIENCE

DRIVING / EQUIPMENT EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT: VAN, TANK, FLAT, ETC.	DATES FROM/TO	APPROX. MILES
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

LIST PROVINCES & STATES OPERATED IN FOR THE LAST 5 YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT YOU HAVE TAKEN THAT WILL HELP YOU DURING YOUR EMPLOYMENT (i.e. FIRST AID, T.D.G., etc.): \_\_\_\_\_

## EQUIPMENT INFORMATION (Applicable to Owner Operators only)

### TRACTOR

Make:	Year:	Color:	Model:
Weight (TARE) KGS:	Tire Size:	Wheel base:	VIN (Serial):

### TRAILER

Make:	Year:	Color:	Type of trailer:
Weight:	Tire Size:	Length:	Width:
VIN (Serial):			

## TO BE READ & SIGNED BY APPLICANT

I HEREBY DECLARE THAT ALL INFORMATION SUPPLIED BY ME ON THIS APPLICATION FOR EMPLOYMENT AND ALL ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT/INFORMATION MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL. I HEREBY GIVE MY CONSENT TO PAYNE TRANSPORTATION LP. TO CONTACT ANY & ALL PRESENT / FORMER EMPLOYERS TO VERIFY THE INFORMATION GIVEN, ON THIS APPLICATION. I HEREBY ACKNOWLEDGE THAT ANY JOB OFFER MAY BE CONDITIONAL UPON THE PASSING OF A PRE EMPLOYMENT DRUG TEST FOR ALCOHOL OR DRUG DEPENDENCIES AS REQUESTED BY THE COMPANY AND ADMINISTERED BY A COMPANY APPOINTED TESTING FACILITY. IF HIRED, I ALSO AGREE TO COMPLY WITH ALL COMPANY AND GOVERNMENT POLICIES, AND REGULATIONS, AND TO RANDOM DRUG & ALCOHOL TESTING AS MANDATED IN THE COMPANY POLICY.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**NOTE: ONLY APPLICANTS CONSIDERED FOR EMPLOYMENT WILL BE NOTIFIED,  
ALL OTHER APPLICANTS ARE THANKED FOR THEIR INTEREST  
IN APPLYING WITH PAYNE TRANSPORTATION LP**



**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP *Online Service***

In connection with your application for employment with Payne Transportation LP (PTLP), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If PTLP uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, PTLP will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, PTLP will notify you that the action has been taken and that the action was based in part or in whole on this report. PTLP can not obtain background reports from FMCSA unless you consent in writing. If you agree that PTLP may obtain such background reports, please read the following and sign below:

I authorize Payne Transportation LP to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist PTLP to make a determination regarding my suitability as an employee.

I further understand that neither PTLP nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded to the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by PTLP and I understand that if I sign this consent from, PTLP may obtain a report of my crash and inspection history. I hereby authorize PTLP and its employees, authorized agents, and/or affiliates to obtain the information authorized above.



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

Signature \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

**REQUEST FOR DRUG AND ALCOHOL TESTING INFORMATION FROM PREVIOUS EMPLOYERS in accordance with 49 CFR 382.413 and 49 CFR 40.25 AND FOR PRE-EMPLOYMENT TEST EXEMPTION in accordance with 49 CFR 382.301 (b)**

PURPOSE OF THIS FROM: **(A) Under 49 CFR 382.413** which refers to 49 CFR 40.25 of the DOT regulations, previous employers must provide information regarding any violations of the regulations, specifically, any alcohol tests with a result of 0.04 or greater, any verified positive drug tests and any refusals to be tested (including verified adulterated or substituted drug test results), as well as information on whether the employee completed the required assessment and requalification provisions under the regulations in accordance with 49 CFR Part 40 Subpart O. **(B)(K) Under 49 CFR 382.301(b)** a prospective employer is not required to administer a pre-employment drug test on hiring a driver if he/she can verify the prospective driver's previous participation in a compliant testing program **[382.301(c)(1)]**. An employer can exercise this exemption if he contacts the testing program and obtains the information below. **(II) Under 49 CFR 382.201(c)(2)** an employer who hires a temporary or contract driver participating in a testing program administered by another entity must verify the driver's participation in a compliant testing program. If a driver is used periodically, the information must be updated every 6 months.

**Name (print)** \_\_\_\_\_ **(Social Insurance No.)** \_\_\_\_\_ has applied to our company for a safety-sensitive position as outlined in 49 CFR 382.107. In compliance with DOT regulations 49 CFR 382.413, 49 CFR 40.25 and 382.301, we hereby requesting information regarding this individual's involvement with your company's drug and alcohol testing program. A consent for the release of this information follows.

**APPLICANT / DRIVER CONSENT**

**TO:** *[Previous Employer]* Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Designated Employer Representative: \_\_\_\_\_

In accordance with 49 CFR 382.405(f), by my signature below I authorize you and/or your Third Party Administrator to release any and all information regarding drug and alcohol testing done on myself including any and all information on this form and responses to questions set out on this form, while in your employment, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding three years from the above date. This information is to be released to the prospective employer named below and/or to their Third Party Administrator.

**FROM:**  
 Company: PAYNE TRANSPORTATION LP Phone: (204) 953-1400 Fax: (204) 632-6859  
 Address: Box 67, Group 200, RR# 2, Winnipeg, MB R3C 2E6  
 Attention: Pierre Bonneville - Director of Safety & Compliance

I also understand that I have the right, under 49 CFR 391.23(i) and (j), to review information provided by previous employers; to have errors in the information corrected by the previous employer and to have that employer re-send the corrected information to the prospective employer; to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and myself cannot agree on the accuracy of the information.

**Applicant Name (Print):** \_\_\_\_\_ **Applicant's SIN/Employee ID:** \_\_\_\_\_  
**Applicant Signature <<driver>>** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Previous Employer &/or TPA – Please complete the following sections as per indicated below (& return this document to prospective employer):**

Sections (1) and (2) below are for the pre-employment exemption in accordance with 49 CFR 382.3010  
 Sections (1) and (3) below are the request for drug and alcohol testing information in accordance with 49 CFR 382.413 and 49 CFR 40.25

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**  
(During the Preceding 3 Years)

I hereby authorize you to release the following information to **PAYNE TRANSPORTATION LP** for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnished such information to the above named company.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_ 

*I have the right to review, request correction or refute what a previous employer provides pertaining to my safety history.*

Applicant's Name: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

The above named individual has made application to Payne Transportation LP for a position as a \_\_\_\_\_ and states he/she was employed by you as a(n) \_\_\_\_\_ from the dates stated below; \_\_\_\_\_ to \_\_\_\_\_

- 1) Is the employment record with your company correct as stated above? \_\_\_\_\_
- 2) What kind(s) of work did the applicant do? \_\_\_\_\_
- 3) Did the applicant drive a motor vehicle(s) for you?  Passenger car  Straight truck  Bus  
 Tractor-Semi trailer Other (specify): \_\_\_\_\_
- 4) Was the applicant a safe and efficient driver?  YES  NO
- 5) Give the dates of vehicle accidents in which he/she was involved: \_\_\_\_\_
- 6) Reason for leaving your employment:  Discharged  Laid Off  Resigned **Rehire?**  YES  NO  
Remarks: \_\_\_\_\_
- 7) Was the applicant's general conduct satisfactory?  YES  NO
- 8) Is the applicant competent for the position sought?  YES  NO
- 9) Did the applicant drink any alcoholic beverages while on duty?  YES  NO

	Excellent	Good	Fair	Poor	Very Poor
Quality of work _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety habits _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal habits _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving skill _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: \_\_\_\_\_

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

Name of Company: \_\_\_\_\_

*(Detach here for your records)*

You are hereby authorized to give to **PAYNE TRANSPORTATION LP** all information regarding my services, character and conduct while in your employment, and you are released from furnishing such information to the above named company.  
(Name of Prospective Employer)

