

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1 TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name): _____ Date of Birth _____
 Hereby Authorize: First Middle Last Social Security

Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax Number: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from: _____
Employment Application Date

TO:
 Prospective Employer: _____ Telephone: _____
 Attention: _____ Email: _____
 Street: _____ Fax: _____
 City, State, Zip: _____

In compliance with 49 CFR 40.25(g) and 49 CFR 391.23(h), release of this information must be made in a written form that ensures confidentiality such as a fax, email or letter.

Applicants Signature: _____ Date: _____

This information is being requested in compliance with 49 CFR 40.25(g) and 49 CFR 391.23

PART 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us: Yes No

Employed as: _____ From Month/Year _____ To Month/Year _____

1. Did he/she drive a motor vehicle for you? Yes No

If yes, what type: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other(Specify) _____

2. Reason for leaving employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below and proceed to Part 3.

ACCIDENTS:

Complete the following for any accidents included on your accident register (49 CFR 390.1S(b) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver

	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

 Any Other

Signature: _____ Date: _____

Title: _____

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PART 3 TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Part 3, (Company Name, Address, Completed by, Phone and Date) sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES NO
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES NO

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Company Name: _____
 Street Address: _____
 City, State, Zip: _____

Part 3 Completed by Printed Name: _____ Part 3 Completed by Signature: _____
 Phone: _____ Date: _____

PART 4a TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed Mailed Emailed Other _____ to previous employer

By: _____ Date: _____

PART 4b TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received by: _____

Recorded by: _____

Method (check one): Faxed Mailed Emailed Phone Other _____

By: _____ Date: _____

Instructions for Completing the Safety Performance History Records Request

- | | |
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| <p>Page 1 - Part 1: Prospective Employee</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Submit to the Prospective Employer <p>Page 2 - Part 4a: Prospective Employer</p> <ul style="list-style-type: none"> Complete the Information Send to Previous Employer <p>Page 1 - Part 2: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Proceed to Page 2 and complete Section | <p>Page 2 - Part 3: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Return to Prospective Employer <p>Page 2 - Part 4b: Prospective Employer</p> <ul style="list-style-type: none"> Record receipt of the information Retain the form |
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