

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

I, (print name) _____
First, M, Last Social Security Number _____
 hereby authorize: Date Of Birth _____

Previous Employer: _____ Email _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No: _____

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 _____
(date of employment application)

To:
 Prospective Employer: _____
 Attention: _____ Phone: _____
 Street: _____
 City, State, Zip: _____

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

Prospective employer's confidential Fax number _____
 Prospective employer's confidential eMail Address _____

Applicant's Signature _____ Date _____

This information is being requested in compliance with § 40.25 and § 391.23

Section 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us: Yes No
 Employed as _____ from (m/y) _____ to (m/y) _____

If the driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here

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 your company: Discharged Resignation Lay Off Military Duty

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

Accidents: Complete the following for any accidents included on your accident register § 390.15(b) that involved the applicant in the last 3 years prior to the application date shown above, or check here if there is no register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

Any other remarks:

Signature: _____ Title: _____ Date: _____

Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subjected to Department of Transportation testing requirements while employed by this employer, please check here **E**, fill in the dates of employment from _____ to _____, complete bottom of section 3, sign, and return.

Driver was subjected to Department of Transportation testing requirements from (MM/YY) _____ to (MM/YY)_____ .

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 0.02 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Section 3 Completed by (Signature): _____ Date: _____

Section 4a:

This form was (check one) Faxed to previous employer. Mailed. Emailed. Other _____
 By: _____ Date: _____

Section 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.
 Information received from: _____ Recorded by: _____
 Method: Fax Mail Email Other _____ Date: _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the Information
- Send a copy to the Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and Date
- Complete **SIDE 2 SECTION 3**

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain a copy
- Return original to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record Receipt of the information
- Retain Copy