

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1 AUTHORIZATION

I, (Print Name) _____, hereby authorize:
(First, M.I., Last)

Previous Employer: _____ Email: _____
Street Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____

(Date of Employment Application)

to:

Prospective Employer: _____ Attn.: _____
Street Address: _____ Phone: _____
City, State, Zip: _____

In compliance with 49 CFR §§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: _____

Applicant's Signature _____

Date _____

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2 ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____.

1. Did he/she drive 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

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(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	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 government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2, SECTION 3

SECTION 3	DRUG AND ALCOHOL HISTORY
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If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.02 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 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 or 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 back 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 required DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on Page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Phone: _____

Section 3 completed by (Signature) _____ Date: _____

SECTION 4	MODE OF COMMUNICATION
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This form was sent to previous employer via (check one) Fax Mail Email Other _____

By _____ Date: _____

SECTION 5	RECEIPT INFORMATION
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Complete the following when the requested information is obtained.

Information received from _____ Recorded by: _____

Method: Fax Mail Email Other _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

PAGE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Complete **Page 2 Section 3**

PAGE 2 SECTION 3: Previous Employer

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

PAGE 2 SECTION 4: Prospective Employer

- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

PAGE 2 SECTION 5: Prospective Employer

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter