

**SIDE 1**

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
I, (Print Name) _____	First, M.I., 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 4 of this document concerning <b>my</b> Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)		
To:		
Prospective Employer: _____		
Attention: _____ Telephone: _____		
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

<b>SECTION 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
<b>EMPLOYMENT VERIFICATION</b>		
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title) _____ from (m/y) _____ to (m/y) _____		
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>		
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____		
Completed by: _____		
Company: _____		
Street: _____		
City, State, Zip: _____ Telephone: _____		
Signature: _____ Date: _____		
<b>Complete Sections 3 and 4 on SIDE 2 before returning.</b>		

**SECTION 3:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

Check here  if there is **no** accident register data for this driver and skip to Section 4. Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1.

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

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

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

Check here  and return if applicant was **not** subject to DOT testing requirements under 49 CFR Part 40 while employed by you.

Applicant was subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

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

Within the past 3 years from the application date shown on SIDE 1:

- |   | YES                      | NO                       |                              |
|---|--------------------------|--------------------------|------------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:   | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| • An alcohol test with a result of 0.04 or higher alcohol concentration.  |                          |                          |                              |
| • A controlled substances test result of positive, adulterated, or substituted.   |                          |                          |                              |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.   |                          |                          |                              |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions.  |                          |                          |                              |
| • Alcohol use after an accident, in violation of §382.303.  |                          |                          |                              |
| • Controlled substances use while on duty, except as allowed under §382.213.  |                          |                          |                              |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     |

**SECTION 5a:**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

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

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

Subsequent attempts to contact previous employer (§391.23(c)(1)): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5b:**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

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