

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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| PART 1: | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE |
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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 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (employment application date)

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 fax number: _____
 Prospective employer's email address: _____

 Applicant's Signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

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| PART 2: | TO BE COMPLETED BY PREVIOUS EMPLOYER |
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ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

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 employ: 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 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 remarks: _____

Signature: _____
 Title: _____ Date: _____

