

**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 in this document concerning my Accident, Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(Date of Employment Application)  
to:

Prospective Employer: Integrity Student Transportation Services, LLC Attn.: K. Johnson  
Address: P. O. Box 24502 Phone: (877) 223 1960  
City, State, Zip: Columbia, SC 29224

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: (877) 671-8842  
Prospective employer's confidential email: kjohnson@integritytransonline.com

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) \_\_\_\_\_.  
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) \_\_\_\_\_

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: \_\_\_\_\_

<b>SECTION 3</b>	<b>DRUG AND ALCOHOL HISTORY</b>
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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 0.04 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 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 fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end 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 0.04 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 prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

<b>SECTION 4</b>	<b>MODE OF COMMUNICATION</b>
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This form was sent to previous employer via (check one)  Fax  Mail  Email  Other \_\_\_\_\_  
 By \_\_\_\_\_ Date: \_\_\_\_\_

<b>SECTION 5</b>	<b>RECEIPT INFORMATION</b>
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Complete the following when the requested information is obtained.

Information received from \_\_\_\_\_  
 Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Phone  
 Date: \_\_\_\_\_  Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING 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 1 SECTION 2: Previous Employer*

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

*SIDE 2 SECTION 3: Previous Employer*

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

*SIDE 2 SECTION 4: Prospective Employer*

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

*SIDE 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

## **Previous Pre-employment Employee Alcohol and Drug Test Statement**

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

Prospective Employee Printed Name: \_\_\_\_\_

Prospective Employee Social Security Number: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  
Check one:     Yes                       No
  
2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?  
Check one:     Yes                       No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_