



WESTLAKE TRANSPORTATION INC.

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: **Westlake Transportation, Inc.**

Attn.: **David Brock**

Street Address: **358 W. Plum Place**

Phone: **(801) 631-1886**

City, State, Zip: **Saratoga Springs, Ut 84045**

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: (801) 766-5919

Prospective employer's confidential email: westlaketrans@gmail.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: _____

PREVIOUS EMPLOYER – COMPLETE SIDE 2, SECTION 3

SECTION 3**DRUG AND ALCOHOL HISTORY**

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: _____

SECTION 4**MODE OF COMMUNICATION**

This form was sent to previous employer via (check one) ☐ Fax ☐ Mail ☐ Email ☐ Other _____

By _____ Date: _____

SECTION 5**RECEIPT INFORMATION**

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**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
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 SECTION 3: Previous Employer

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

PAGE 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

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