

PART 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (print name)			Social Security Number	DOB
First	Middle	Last		

Hereby authorize:

Previous Employer: _____ Email: _____

Street: _____ Phone: _____

City, State, Zip _____ Fax: _____

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: _____

Applicant's Signature

Date

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

PART 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was employed or used by us. (circle one) YES NO

Employed as (job title) _____ From(m/y) _____ To (m/y) _____

Did he/she drive a motor vehicle for you? (circle one) **YES** **NO** If yes, what type? **Straight Truck** **Tractor-Semitrailer** **Bus**
Cargo Tank **Doubles/Triples** **Other(specify)** _____

Completed by: _____

Company: _____

Street/City, State, Zip _____

Telephone: _____

Signature: _____ Date: _____

Part 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§3901.15(b)) that involved the applicant in the 3 years prior to the application date shown on PAGE 1, or check here ☐ if there is no accident register date for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spills
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:

Completed By: SIGNATURE

DATE _____

PART 4: TO BE COMPLETED BY PREVIOUS EMPLOYER		
DRUG AND ALCOHOL HISTORY		
If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here ☐ and return. 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 PAGE 1. Within the past 3 years from the application date shown on PAGE 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:	YES	NO
An alcohol test with the 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 while on duty, except as allowed under §382.303		
Controlled substances use while on duty, except as allowed under §382.213		
If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program. Select this box ☐		
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 refuse to be tested?		
Completed by: SIGNATURE _____ DATE _____		

PART 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER	
This form was (circle one) FAXED to previous employer. MAILED EMAILED OTHER _____ By: _____ Date: _____ Subsequent attempts to contact previous employer (391.23(c)(1)): _____ _____ _____ _____ _____	

PART 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER	
Complete below when information is obtained. Information received from: _____ Recorded by: _____ Date: _____ Method (circle one): FAX MAIL EMAIL TELEPHONE OTHER: _____	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST	
PAGE 1 PART 1: Prospective Employee - Complete the information required in this section - Sign and Date - Submit to the Prospective Employer PAGE 1 PART 2: Previous Employer - Complete the information required in this section - Sign and Date - Turn form over to complete PAGE 2 PART 3 PAGE 2 PART 3: Previous Employer - Complete the information required in this section - Sign and Date - Return to Prospective Employer	PAGE 2 PART 4a: Prospective Employer - Complete the information - Send to Previous Employer PAGE 2 PART 4b: Prospective Employer - Record the receipt of the information - Retain the form