

Request for Driver's Safety Performance History / Drug & Alcohol Information Information from DOT Regulated Previous Employer

Carrier Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Confidential Fax#: _____

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSR), Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 and 383 *within the past three years*, from the date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I, _____, hereby authorize this company to release all records of employment, including assessments
(Print Name)

of my job performance, ability, and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under the direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to above mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____/____/____ to ____/____/____

(Applicant's Signature)

SSN or ID Number

Date of Birth

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information as required by FMCSR, Part 391.23 and 40.25.

If no drug and alcohol information is available on the above named applicant-check here.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation and remained in your employ, did he/she have any subsequent violations for: an alcohol test of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |

6. If yes to any of the above questions, please provide documentation of successful of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer must get this information from the driver/applicant.

Drug and Alcohol information needs to be kept in a separate personnel and/or confidential file.

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SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.32(d)(1)(2) on any accidents as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above named driver/applicant was involved in within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	# Vehicles Towed	HazMat Spill	# of Fatalities	# of Injuries

SECTION III – Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above named driver/applicant:

He/She was employed for you as a: _____ from ____/____/____ to ____/____/____

➤ If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Tankers Other

Explain: _____

Type of trailer(s) pulled: _____

Was he/she a: Company Driver? Yes No Contractor? Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transported: _____

➤ While under your employment, was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

➤ Reason for leaving: _____

➤ Would you re-employ this person: Yes No Upon Review

Please explain: _____

➤ Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name

Title

Signature

Date