

# DRIVER APPLICATION FORM

COMPANY NAME \_\_\_\_\_ Location: Region/District/Branch \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_  
Street City State Zip

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

Social Security Number (\_\_\_\_\_) Phone Number Date of Birth Hire Date

ADDRESS \_\_\_\_\_  
Street City State Zip Number of Years

PAST 3 YEAR \_\_\_\_\_  
RESIDENCY Street City State Zip Number of Years

Street City State Zip Number of Years

## Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

FORM # 858-F 9653 04/06



**MOTOR VEHICLE DRIVER'S  
Certification of Violations/Annual Review of Driving Record**

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

**COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS**

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

**(If you have had no violations, check the following box –  None.)**

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

**MOTOR CARRIER INSTRUCTIONS:** Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving       Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
Printed Name \_\_\_\_\_

Motor Carrier Name \_\_\_\_\_ Motor Carrier Address \_\_\_\_\_

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

# USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

FOURTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

FIFTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SIXTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SEVENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

EIGHTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

NINTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

TENTH LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_  
Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed?  Yes  No  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

# 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 Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

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: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**SIDE 1****SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>		<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>	
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 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____			
(date of employment application)			
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 confidential fax number: _____			
Prospective employer's confidential email address: _____			
_____		_____	
Applicant's Signature		Date	

<b>SECTION 2:</b>		<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
<b>EMPLOYMENT VERIFICATION</b>			
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employed as (job title) _____ from (m/y) _____ to (m/y) _____			
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/>			
Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____			
Completed by: _____			
Company: _____			
Street: _____			
City, State, Zip: _____ Telephone: _____			
Signature: _____ Date: _____			
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.			

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

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 on SIDE 1 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 commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 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 SIDE 1.

Within the past 3 years from the application date shown on SIDE 1: YES NO

- 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 a 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 after an accident, in violation of §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 a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here   YES  NO  N/A
- 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 refusal to be tested?  YES  NO  N/A

**SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Subsequent attempts to contact previous employer (§391.23(c)(1)): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

Date: \_\_\_\_\_  Other \_\_\_\_\_

**SIDE 1**

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

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 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

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 confidential fax number: \_\_\_\_\_  
Prospective employer's confidential email address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**EMPLOYMENT VERIFICATION**

The applicant named above was or is employed or used by us. Yes  No   
Employed as (job title) \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

Did he/she drive a motor vehicle for you? 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: \_\_\_\_\_

If there is no safety performance history to report, check here  and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.



**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

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 on SIDE 1 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 commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

**SECTION 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 SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- |   | YES                      | NO                       |                          |
|---|--------------------------|--------------------------|--------------------------|
| 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:   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| • An alcohol test with a 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 after an accident, in violation of §382.303.  |                          |                          |                          |
| • Controlled substances use while on duty, except as allowed under §382.213.  |                          |                          | N/A                      |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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 refusal to be tested?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Subsequent attempts to contact previous employer (§391.23(c)(1)): \_\_\_\_\_

**SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

Date: \_\_\_\_\_  Other \_\_\_\_\_

**SIDE 1****SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

**APPLICANT:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Complete SECTION 5a and send form to current/previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

<b>SECTION 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
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I, (Print Name)	First, M.I., Last	Social Security Number
	hereby authorize:	Date of Birth
Previous Employer:		Email: <span style="border-bottom: 1px solid black;"></span>
Street:		Telephone: <span style="border-bottom: 1px solid black;"></span>
City, State, Zip:		Fax No.: <span style="border-bottom: 1px solid black;"></span>
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from <span style="border-bottom: 1px solid black;"></span> (date of employment application)		
To:		
Prospective Employer:		
Attention:		Telephone: <span style="border-bottom: 1px solid black;"></span>
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 confidential fax number: <span style="border-bottom: 1px solid black;"></span>		
Prospective employer's confidential email address: <span style="border-bottom: 1px solid black;"></span>		
Applicant's Signature		Date

<b>SECTION 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
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**EMPLOYMENT VERIFICATION**

The applicant named above was or is employed or used by us. Yes  No

Employed as (job title)  from (m/y)  to (m/y)

Did he/she drive a motor vehicle for you? 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:

If there is no safety performance history to report, check here  and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

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 on SIDE 1 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 commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

**SECTION 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 SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:

- |   | YES                      | NO                       |                          |
|---|--------------------------|--------------------------|--------------------------|
| 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:   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| • An alcohol test with a 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 after an accident, in violation of §382.303.  |                          |                          |                          |
| • Controlled substances use while on duty, except as allowed under §382.213.  |                          |                          | N/A                      |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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 refusal to be tested?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Subsequent attempts to contact previous employer (§391.23(c)(1)): \_\_\_\_\_

**SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

Date: \_\_\_\_\_  Other \_\_\_\_\_