

SAFETY PERFORMANCE HISTORY RECORDS REQUEST - SIDE 1

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: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous three (3) years from _____ date of employment application

To: _____

Prospective Employer: _____ Telephone: _____
 Attention: _____
 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: _____

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

SECTION 2:

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here.

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semi Trailer
 Bus Cargo Tank Doubles/Triples Other (Specify): _____

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below and return.

Accidents: 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 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:

Any Other Remarks:

Signature: _____ Title: _____ Date: _____

SAFETY PERFORMANCE HISTORY RECORDS REQUEST – SIDE 2

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subjected to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

- | | 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 a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substances test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of 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 complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send 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 employment, 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 previous employers in the previous 3 years prior to the application date on Side 1.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

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

 By: _____ Date: _____

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.
 Information obtained from: _____
 Recorded By: _____ Method: Fax Mail Email Telephone
 Date: _____ Other _____

INSTRUCTIONS: COMPLETE 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 2 SECTION 3: Previous Employer
Complete the information required in this section
Sign and Date
Return to Prospective Employer |
| SIDE 2 SECTION 4a: Prospective Employer
Complete the information
Send to Previous Employer | SIDE 2 SECTION 4b: Prospective Employer
Record receipt of information
Retain the form |
| SIDE 1 SECTION 2: Previous Employer
Complete the information requested in this section
Sign and Date
Turn form over to complete SIDE 2 SECTION 3 | |

To be read and signed by the applicant:

I certify that this application was completed by me, and that all entries and information on it are true, complete, and accurate to the best of my knowledge. I authorize Huff and Puff Trucking, Inc. to make any inquiries of my personal, employment, financial or medical (including my drug/alcohol tests conducted under 49 CFR, Parts 382 or 391), driving records concerning traffic offenses, accidents, etc., and other related matters as may be necessary in arriving at an employment decision. 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.

Applicant's Name

Applicant's signature

Date