

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) _____

1. 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) _____

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: _____

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER ALCOHOL AND DRUG HISTORY

If driver was **not** subject 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 2, sign, and return.

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

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No

2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No

3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? Yes No

4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes No

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. Yes No

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? Yes No

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 in Section 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 4a: TO BE COMPLETE BY PROSPECTIVE EMPLOYER

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

Other

_____ Date

SECTION 4b: TO BE COMPLETE BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email

Phone Other: _____

Date: _____