



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

(Print Name) _____ Social Security No: _____
(First, M.I., Last) Date of Birth: _____

Hereby authorize:

Previous Employer: _____ Email: _____ Telephone: _____ Fax: _____

Street: _____ City: _____ State: _____ Zip: _____

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 _____.

(Date of employment application)

To: Schubert Trucking, Inc (Prospective Employer) Attn: Beau Phone: 815-932-1020 Confidential Fax: 815-932-1025
Street: 2390 Eastgate Court City: Kankakee State: IL Zip: 60901

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.

Applicant's Signature

Date

This information is being requested in compliance with 40.25 and 391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us (circle one): Yes or No Employed as _____

From (month/year) _____ to (month/year) _____

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

2. Reason for leaving employ: Discharged Resignation Lay Off Military Duty Other (explain): _____

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.

	<u>Date</u>	<u>Location</u>	<u>No of Injuries</u>	<u>No of Fatalities</u>	<u>Hazmat Spill</u>
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: _____

Signature: _____

Title: _____ Date: _____

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL 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 3, sign, and return.

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

	<u>Yes</u>	<u>No</u>
1. This person was employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40.	_____	_____
2. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	_____	_____
3. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?	_____	_____
4. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	_____	_____
5. Has this person committed other violations of Subpart B of Part 382, or Part 40?	_____	_____
6. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Profession (SAP) in your employ? If yes, please send documentation back with this form.	_____	_____
7. 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?	_____	_____

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 on side 1.

Name: _____ Company: _____

Street: _____ City: _____ State: _____ Zip: _____ Telephone: _____

Signature: _____ Title: _____ Date: _____

SECTION 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was: Faxed to previous Employer Mailed to previous employer Other

Date: _____ Time: _____ Initial: _____

Information received from: _____ Recorded by: _____

Date: _____ Time: _____ Method: Fax Mail Telephone Other