

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Pursuant to a request for Previous Employee Safety Performance History, Dated _____, this response is being provided to the Prospective Employer noted below in compliance with the Department of Transportation regulations, §391.23(g)(1) and §40.321(b).

Corrected Copy, Replaces Response Dated: _____

TO BE COMPLETED BY THE PREVIOUS EMPLOYER DRIVER IDENTIFICATION

Name of Previous Employee: _____ DOT Regulated Driver
Social Security No.: _____ Date of Birth: ____/____/____ Non-DOT Regulated Driver
Employed from _____ to _____ as _____

PREVIOUS EMPLOYER INFORMATION

Company Name: _____ Phone Number: _____
Contact Name: _____ Email: _____
Street: _____
City, State, Zip: _____

PROSPECTIVE EMPLOYER INFORMATION

Company Name: _____ THIS FORM WAS (check appropriate box)
Attention: _____ Mailed, Date: _____
Street: _____ Faxed, Date: _____
City, State, Zip: _____ Emailed, Date: _____
Phone Number: _____ Email: _____ Relayed by Phone, Date: _____
Name of Person Contacted: _____

SAFETY PERFORMANCE HISTORY

There is no safety performance history to report.
Driver operated a: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____
 Driver did not operate a commercial motor vehicle.
Reason for leaving employ: Discharged Resignation Lay Off Military Duty

ACCIDENTS:

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

No accident register data for this driver.
 Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

DRUG/ALCOHOL TESTING:

Prospective employer did not provide signed release from driver (§40.321(b)). Therefore, drug/alcohol information cannot be provided.

Under DOT drug and alcohol testing requirements for the past 3 years from the request date shown above:

	Yes	No	
1. Was this person employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49 CFR Part 40? (if NO, skip this section.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: • 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.	<input type="checkbox"/>	<input type="checkbox"/>	
3. 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"/>	N/A
4. 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"/>

In providing this information, any DOT drug or alcohol testing information obtained from previous employers in the 3 years prior to the request date shown above is included.

Any other remarks: _____

Signature: _____

Title: _____ Date: _____

FOR PREVIOUS EMPLOYER'S RECORD — KEEP A RECORD OF EACH REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.