



9025 S FEDERAL WAY STE 101 – BOISE, ID 83716
(800) 442-4637 · FAX (208) 562-6284

D.O.T. EMPLOYMENT APPLICATION

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

PERSONAL INFORMATION (PLEASE PRINT)	
FIRST NAME: _____	MIDDLE: _____ LAST NAME: _____
PHYSICAL ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
NUMBER OF YEARS/MONTHS AT CURRENT ADDRESS? _____	
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) _____	
CITY: _____	STATE: _____ ZIP: _____
PRIOR ADDRESS FOR PAST 3 YEARS: (LIST ADDITIONAL ADDRESSES ON SEPARATE SHEET IF NECESSARY) _____	
CONTACT TELEPHONE: _____	DATE AVAILABLE FOR WORK: _____
EMAIL ADDRESS: _____	
THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21(b)(2)) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.	
DATE OF BIRTH: _____	SOCIAL SECURITY NUMBER: _____
POSITION APPLIED FOR: _____	DATE OF APPLICATION: _____

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.

Have you ever applied for employment or been employed by Haines Transportation? YES NO
 How did you hear about the Company? Referred Newspaper Craigslist Website Internet
 Other: _____

If referred by a current employee, please provide: Employee Name: _____

EXPERIENCE AND QUALIFICATIONS: DRIVER				
Driver Licenses	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
List any licenses held in the last three (3) years.				

DRIVING EXPERIENCE						
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (van, tanker, flat, etc.)	MANUAL	AUTO-MATIC	DATE FROM	DATE TO	APPROXIMATE NUMBER OF MILES (TOTAL)
Straight Truck		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Semi Trailer		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Two Trailers		<input type="checkbox"/>	<input type="checkbox"/>			
Tractor & Tanker		<input type="checkbox"/>	<input type="checkbox"/>			
Other		<input type="checkbox"/>	<input type="checkbox"/>			

Total number of years of driving experience: _____

ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION			
DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Roll-Over, etc.)	FATALITIES	INJURIES
Most Recent:			
Next Previous:			
Next Previous:			
Next Previous:			

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.*

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED

Current Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
May we contact employer prior to hiring?	<input type="checkbox"/> YES <input type="checkbox"/> NO
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____	
Phone: _____	Fax: _____
Address: _____	
Position Held: _____	From: _____ To: _____ Salary: _____
Reasons for leaving: _____	
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer Name: _____

Phone: _____ Fax: _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reasons for leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

Previous Employer Name: _____

Phone: _____ Fax: _____

Address: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reasons for leaving: _____

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

REFERENCES

List two persons familiar with your work record and/or abilities. Do not list relatives.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

VIOLATIONS IN THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (EXCLUDE PARKING VIOLATIONS)

LOCATION	DATE	CONVICTIONS: Forfeited, Bond, or Collateral	PENALTY

ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.

a. Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? YES NO

If the answer to "a" is yes, please explain by providing a statement of circumstances. Attach an additional sheet if necessary.

b. Have you ever been convicted or been on probation for DWI or DUI? YES NO

If the answer to "b" is yes, please explain in the space provided below. Attach an additional sheet if necessary.

PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391 Subpart E) require that all driver applicant pass certain medical examinations before they are hired to drive a motor vehicle.

Date of last Department of Transportation medical examination: _____

Can you provide a copy? YES NO

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of a limb (i.e., foot, leg, hand or arm)? YES NO

ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT

The Federal Motor Carrier Safety Regulations (49 CFR 40.25) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

- 1. Within the last two (2) years, have you ever 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? YES NO
- 2. Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? YES NO

During the past seven (7) years, have you ever been convicted of a crime or violation other than a minor traffic infraction? **A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Felony and misdemeanor convictions will be considered only to the extent to which they relate to your suitability for the position for which you have applied.**

YES NO

If yes, please explain: _____

Only U.S. citizens or those individuals who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? YES NO

OTHER QUALIFICATIONS

Please list any other qualifications which you have and which you believe would be important for consideration by the Company pertaining to this application.

CDL ENDORSEMENTS AND RESTRICTIONS

ENDORSEMENTS	
<input type="checkbox"/> X	TANKER & HAZMAT
<input type="checkbox"/> H	HAZMAT
<input type="checkbox"/> N	TANKER
<input type="checkbox"/> P	PASSENGER
<input type="checkbox"/> T	DOUBLE/TRIPLE TRAILER
<input type="checkbox"/>	OTHER(LIST): _____

RESTRICTIONS/ WAIVERS (LIST ALL)

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of the Fair Credit Reporting Act (Public La 91-508) as amended by the Consumer Credit Reporting Act of 1996. I have been informed the Company will procure a motor vehicle report (MVR), criminal background check and reference checks, all of which are defined as a consumer report regarding my driving and background record to determine my suitability for work at the Company.

I understand that I have the rights to request, in writing, information pertaining to the nature and scope of the inquiry and a written summary of my rights under the Fair Credit Reporting Act. I understand that I may have additional rights under applicable state and federal laws.

I hereby authorize the Company to obtain this information and release and hold harmless any person, firm, or entity that discloses such information in accordance with this authorization. This authorization shall remain on file and shall serve as ongoing authorization for the Company to procure a motor vehicle report (MVR) and a criminal check which is defined as a consumer report at any time during my employment period. Any copy of this authorization shall have the same authority as the original.

Signature: _____

Date: _____

Name (Please Print): _____

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the Fair Credit Reporting Act Disclosure and A Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both of these documents. I hereby authorize, without reservation, the obtaining of "consumer reports" and/or "investigative reports" by Haines Transportation ("Company") at any time after receipt of this authorization, throughout my [employment/volunteer service] to the extent permitted by law.

I understand and acknowledge that such "consumer reports" and/or "investigative reports" may include information about my character, general reputation, personal characteristics, or mode of living, and may involve personal interviews with my past or present neighbors, friends, supervisors, relatives, or associates. I acknowledge that these reports may contain information regarding my credit history, criminal history, driving records, education, or employment history.

I further authorize any present or former employer, educational institution, law enforcement agency, federal, state or local agency, department of motor vehicles, consumer reporting agency, information service bureau, or insurance company to furnish any and all background information requested by Company or an agent of Company.

By signing my name below, I understand that I have authorized the background check as described above, and I certify that:

- I have received and reviewed the Fair Credit Reporting Act Disclosure and the Summary of Your Rights Under the Fair Credit Reporting Act;
- The information provided below is accurate and complete to the best of my knowledge. I understand the information provided below will be used to evaluate my employment/volunteer qualifications and that any false statements or omissions may be cause for termination or dismissal; and
- I agree that a facsimile, electronic, or photocopy of this authorization may be accepted with the same authority as the original.

Printed Name of Applicant: _____ Signature of Applicant: _____

Today's Date: _____ Telephone Number: _____

PLEASE COMPLETE THE BELOW - PLEASE PRINT NEATLY -

FIRST NAME: _____ FULL MIDDLE NAME: _____ LAST NAME: _____

ALIAS / MARRIED LAST NAMES: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ____ / ____ / ____

DRIVERS LICENSE #: _____ STATE ISSUED: _____

List your addresses for the last seven (7) years. Please PRINT clearly.

CURRENT ADDRESS: _____ CITY STATE ZIP COUNTY FROM / TO

FORMER ADDRESS: _____ CITY STATE ZIP COUNTY FROM / TO

FORMER ADDRESS: _____ CITY STATE ZIP COUNTY FROM / TO

FORMER ADDRESS: _____ CITY STATE ZIP COUNTY FROM / TO

FORMER ADDRESS: _____ CITY STATE ZIP COUNTY FROM / TO

FELONY OR MISDEMEANORS: YES NO PLEASE DESCRIBE: 1. _____

All arrests, charges, convictions and non-convictions need to be listed here. Please list location (county and state) and date of 2. _____

arrest or charge. Please do not omit any information and print 3. _____

clearly. 4. _____

PROPERTY OF: RDK CORPORATION

*Para informacion en espanol, visite www.consumerfinance.gov/learnmore
o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.*

A Summary of Your Rights Under the Fair Credit Reporting Act.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 million and their affiliates:</p> <p>b. Such affiliates that are not banks, saving associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street N. W., Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357</p>
<p>2. To the extent not include in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks:</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25 A of the Federal Reserve Act:</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations:</p> <p>d. Federal Credit Unions:</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200, Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO), 1775 Duke Street, Alexandria, VA 22314</p>
<p>3. Air carriers:</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings, Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board:</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W., Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act:</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies:</p>	<p>Associate Deputy Administrator for Capitol Access United States Small Business Administration 409 Third Street, SW, 8th Floor, Washington, DC 20416</p>
<p>7. Brokers and Dealers:</p>	<p>Securities and Exchange Commission 100 F Street NE, Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations:</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All other Creditors Not Listed Above:</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580 (877) 382-4357</p>

SIGNED CONSENT TO PROCURE DRIVING RECORD
FROM RECORDS RESEARCH, INC.

ACCOUNT NUMBER: _____

This driving record is being requested for the following reason:

INSURANCE: For use by any insurer or insurance support organization, in connection with claims investigation activities, anti-fraud activities, rating or underwriting.

EMPLOYMENT: As an employee or prospective employee of (name of company)

I authorize Haines Transportation Inc, or its agents, to obtain a copy of my driving record. I understand I have the right to inspect this document in accordance with the Fair Credit Reporting Act.

I, the undersigned, hereby authorize Records Research, Inc. to obtain a copy of my motor vehicle record based on the following information:

Name: First	Middle	Last	DOB:
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Driver License #:	State:	Exp Date:
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Signature	Date
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Haines Transportation Inc.
DOT Drug Testing Consent Form
Prospective Drivers

As a part of my application for employment as a driver of a commercial motor vehicle for **Haines Transportation Inc.**, I consent to a drug test.

I understand that the collection, testing, and reporting of my specimen will be done in accordance with DOT regulations. If I am taking any prescription medication at the time of my drug test and my test comes back positive for illegal drugs, I will be afforded an opportunity to discuss that with an MRO for the purpose of providing a reasonable explanation of my positive drug test.

I understand that if my test remains positive for illegal drugs I will not be offered employment.

I consent to the release of my drug test results received by Minert & Associates, Inc., as the representative of the Medical Review Officer, to management officials at **Haines Transportation Inc.**, and understand that those test results will be held in confidence, by all parties involved.

I also understand that if I have a positive drug test and am subsequently fired because of that positive test, I waive all rights to receiving unemployment benefits and insurance, and will be responsible for all incurred attorney fees if I choose to contest this firing because of my positive drug test.

I further consent to **Haines Transportation Inc.** contacting those employers for whom I have worked as a commercial vehicle operator for the past three (3) years for the purpose of the company determining from those employers whether I have tested positive for illegal drugs or alcohol, or have refused to test when requested to do so. In the event that the company receives information from such a past employer that I have tested positive for drugs or alcohol within the last year, I understand that I will not be offered employment, or my conditional employment with the company will be terminated. I consent to the release of that information by those employers for whom I have worked during the past three (3) years as a commercial vehicle driver.

I also understand Haines Transportation Inc. will conduct a pre-employment query of the Drug and Alcohol Clearinghouse to obtain information about whether I have any drug or alcohol reported violations. The company will conduct a full query and I must give electronic consent. In the event the Clearinghouse reports a violation and no return-to-duty (RTD) test result, I will not be offered employment.

I hereby provide consent to Haines Transportation Inc. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. The term extends for the duration of my employment and includes, but is not limited to, annual queries. I understand that if the limited query conducted by Haines Transportation Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Haines Transportation Inc. without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Haines Transportation Inc. to conduct a limited query of the Clearinghouse, Haines Transportation Inc. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I have received, read, and understand the terms of **Haines Transportation Inc.'s** Drug Free Workplace testing program, and agree to abide by those terms.

Applicant's Name (Print)

Applicant's Signature

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 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 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____. (employment application date)	
To:	Prospective Employer: <u>Haines Transportation Inc</u>
	Attention: <u>Erin Gulack</u> Telephone: <u>8004424637</u>
	Street: <u>9025 S Federal Way Ste 101</u>
	City, State, Zip: <u>Boise ID 83716</u>
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 fax number: _____	
Prospective employer's email address: _____	
* _____ *	Applicant's Signature Date
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER
ACCIDENT HISTORY	
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive 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) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , 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 <input type="checkbox"/> here if there is no accident register data for this driver.	
	Date Location # Injuries # 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: _____	

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <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. YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>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 page 1.</p>	
<p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- PAGE 1 PART 1:** Prospective Employee
 - Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
 - Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
 - Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
 - Record receipt of the information
 - Retain the form