

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<b>Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>	
I, (print name) _____ <small style="margin-left: 100px;">First, M, Last</small>	Social Security Number _____
hereby authorize:	
Previous Employer: _____	Date Of Birth _____
Street: _____	Email _____
City, State, Zip: _____	Telephone: _____
to release and forward the information requested by section 3 of this document concerning ny Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <small style="margin-left: 100px;">(date of employment application)</small>	
To	
Prospective Employer: _____	
Attention: _____	Phone: _____
Street: _____	
City, State, Zip: _____	
<small>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.</small>	
Prospective employer's confidential Fax number _____	
Prospective employer's confidential eMail Address _____	
Applicant's Signature _____	Date _____
<small>This information is being requested in compliance with § 40.25 and § 391.23</small>	

<b>Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER</b>	
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 a 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 company: 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.	
<b>Accidents:</b> Complete the following for any accidents included on your accident register § 390.15(b) that involved the applicant in the last 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no 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 the government agencies or insurers or retained under internal company policies: _____	
_____	
Any other remarks: _____	
_____	
<small>This information is being requested in compliance with § 40.25 and § 391.23</small>	