

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST Part 1

**Section 1:****TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Hereby authorize: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, and Zip Code: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous **3 years** from: (Application Date): \_\_\_\_\_

**To:**

Prospective Employer: \_\_\_\_\_ **SEEGERS TRUCK LINE INC.** Phone#: \_\_\_\_\_ **319-984-5163**  
Attention: \_\_\_\_\_ **JACLYN SEEGERS**  
Address: \_\_\_\_\_ **727 S. STATE ST. P.O. BOX 392** City, State, and Zip Code: \_\_\_\_\_ **DENVER, IA. 50622**

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 confidential fax number: **319-984-6052** Prospective employer's confidential email address: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This information is being requested in compliance with §40.25(g) and §391.23(h)*

**Section 2:****TO BE COMPLETED BY PREVIOUS EMPLOYER****Accident History**

(1) The applicant named above was employed by us. Yes  No

Employed as \_\_\_\_\_ from (M/Y) \_\_\_\_\_ to (M/Y) \_\_\_\_\_

If driver was involved in a safety sensitive position subject to controlled substance and alcohol testing under part 40, check here.

Did he/she drive motor vehicles for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semi Trailer  Bus  Tanker

Doubles/Triples  Other (specify): \_\_\_\_\_

(2) Reason for leaving your employment: 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 applicant.

| <u>Date</u> | <u>Location</u> | <u># of Injuries</u> | <u># of Fatalities</u> | <u>Hazmat involved</u> |
|-------------|-----------------|----------------------|------------------------|------------------------|
| _____       | _____           | _____                | _____                  | _____                  |
| _____       | _____           | _____                | _____                  | _____                  |
| _____       | _____           | _____                | _____                  | _____                  |

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: \_\_\_\_\_

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST Part 2

**Section 3** **TO BE COMPLETED BY PREVIOUS EMPLOYER**

**Drug and Alcohol History**

If driver was not subjected to DOT 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 DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has this person had an alcohol test with a 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 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-work 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 employment, 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"/> |

In answering these questions, include any required DOT drug and alcohol testing information obtained from previous employers in the previous 3 years prior to the application date on part 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, and Zip Code: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4** **TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one):  Faxed to Previous Employer  Mailed  Emailed  Other: \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_

**Section 4a** **TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information obtained from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method;  Fax  Mail  Email  Telephone

Date: \_\_\_\_\_  Other \_\_\_\_\_

**Instructions: Complete the Safety Performance History Records Request**

**Part 1 Section 1:** Prospective employee  
Complete the information required in this section  
Sign and Date  
Submit to Prospective Employer

**Part 2 Section 3:** Previous Employer  
Complete the information required in this section  
Sign and Date  
Return to Prospective Employer

**Part 2 Section 4:** Prospective Employer  
Complete the information  
Send to Previous Employer

**Part 2 Section 4a:** Prospective Employer  
Record receipt of information  
Retain the form

**Part 1 Section 2:** Previous Employer  
Complete the information requested in this section

Sign: \_\_\_\_\_

Date: \_\_\_\_\_