



# MANDATORY DRIVER'S SAFETY PERFORMANCE HISTORY (REQUEST for PREVIOUS EMPLOYER INFORMATION)

REPLY REQUIRED by FEDERAL LAW (49 CFR 391.23)

Prospective Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ CDL #: \_\_\_\_\_ State: \_\_\_\_\_

**I authorize release of the information contained on this form as required under 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. I acknowledge, that I have the right to due process as identified in 49CFR 391.23 to correct information submitted under this authorization.**

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

The information being requested from the following company is done so, as it has been identified by the above driver applicant as a previous employer.

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Date Contacted: \_\_\_\_\_ Contact Number.: \_\_\_\_\_

Person providing information: \_\_\_\_\_

Title of person providing information: \_\_\_\_\_

## Safety Performance History

***Please provide the following information on the above driver applicant:***

1. Employed from: \_\_\_\_\_ to \_\_\_\_\_ as: \_\_\_\_\_  
(Position)

2. Type of motor vehicle operated for your company. (Check each type that applies)

Straight Truck  Tractor-Semitrailer  Bus  Other (specify) \_\_\_\_\_  N/A

3. Reason Driver left?  Discharged  Resignation  Layoff  Military Duty

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

continued

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Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years. (The 3 year period starts with accidents, which occurred on or after 04/29/2003).  YES  NO

If **YES**, provide the following data elements for each as required by 49CFR 390.15(b)(1).

Date	City/Town/State	# of Injuries	# of Fatalities	Vehicles Towed	HazMat Spilled

Does your company track accidents other than DOT Recordable (390.15)?  YES  NO

If **YES**, provide information on each such incident involving the driver applicant identified herein as appropriate.

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### Drug and Alcohol Information

If driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:

1. Did this driver applicant violate the Alcohol and Control Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40?  YES  NO
  
2. Did this driver applicant fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605?  YES  NO  N/A
  
3. If this driver applicant successfully completed a SAP's rehabilitation referral and remained within your employ, you must provide the following additional information:
  - Were driver alcohol test results 0.04 or higher?  YES  NO  N/A
  - Verified Positive Drug Test?  YES  NO  N/A
  - Refused to test (including verified adulterated or substituted drug test result)?  YES  NO  N/A

**Under 49CFR 391.23, failure to provide the above information should be reported to US DOT (FMCSA) following procedures specified in 49CFR 386.12**

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