

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST
for DOT Employment Verification**

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE / CONTRACTOR / DRIVER APPLICANT

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: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

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.

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 ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐
Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

2. Reason for leaving your employ: 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 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

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| 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

Confirm Choice Background Screening is acting on behalf of Prospective Employer

PAGE 1: PART 1: Prospective Employee/Contractor Applicant

- Complete the information required in this section
- Sign and date
- Return to **Confirm Choice** who will forward to Previous Employer for verification

PAGE 1: PART 2 & 3 Previous Employer

- Complete the information required in this section
- Sign and date
- Return to **Confirm Choice** who will forward to Prospective Employer

PAGE 2: PART 4a & 4b: Prospective Employer

Confirm Choice will complete the form on behalf of the Prospective Employer and upload it to their web portal to document receipt of information and proper record retention. Form will be made available to the Prospective Employer.

Confirm Choice Background Screening

Upload to secure site: <https://confirmchoice.sharefile.com/share/getinfo/r0343efc6e174059a>

Email: support@ConfirmChoice.com

Fax: 615-279-5243

Phone: 615-383-5932

Mail: 4219 Hillsboro Pike, Ste 211, Nashville TN 37215