

**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

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b> <b>DRUG AND ALCOHOL HISTORY</b>
<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"> <li>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"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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"/></li> <li>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"/></li> </ol> <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>	
<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<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>	
<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<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 <input type="checkbox"/> Other _____</p> <p>Date: _____</p>	
<p><b>INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST</b>  <i>Confirm Choice Background Screening is acting on behalf of Prospective Employer</i></p>	
<p><b>PAGE 1: PART 1:</b> Prospective Employee/Contractor Applicant</p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Return to <b>Confirm Choice</b> who will forward to Previous Employer for verification</li> </ul> <p><b>PAGE 1: PART 2 &amp; 3</b> Previous Employer</p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Return to <b>Confirm Choice</b> who will forward to Prospective Employer</li> </ul>	<p><b>PAGE 2: PART 4a &amp; 4b:</b> Prospective Employer</p> <p><b>Confirm Choice</b> 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.</p> <p><b>Confirm Choice Background Screening</b></p> <p>Upload to secure site: <a href="https://confirmchoice.sharefile.com/share/getinfo/r0343efc6e174059a">https://confirmchoice.sharefile.com/share/getinfo/r0343efc6e174059a</a></p> <p>Email: support@ConfirmChoice.com      Fax: 615-279-5243      Phone: 615-383-5932      Mail: 4219 Hillsboro Pike, Ste 211, Nashville TN 37215</p>