



SAFETY PERFORMANCE HISTORY INVESTIGATION (Background Check)

Applicant Complete

One for each past employer

I, Printed Name _____ Social Security _____ - _____ - _____
 hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to the POTENTIAL EMPLOYER. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

I further authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

Past Employer: _____ Contact Name: _____
 Phone#: _____ Fax #: _____
 Address: _____ City, State, Zip: _____
 Applicant Signature: _____ Date: _____

Dear Previous Employer:

The above driver has made application with our Company and states that s/he worked for you from ___/___/___ until ___/___/___ . We appreciate your time completing, in confidence, the information requested below. Please update your company information above if any errors. Use another sheet if necessary. Thank you.

1 Employment dates: ___/___/___ to ___/___/___ 2 Job Title(s): _____

3 Did s/he drive a motor vehicle? Yes No If yes, what type: _____

4 **3-YR ACCIDENT HISTORY** No accidents in last 3 yrs. Tractor & Trailer

Date	City/State	# Injuries	# Fatalities	Tow	Date	City/State	# Injuries	# Fatalities	Tow
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N

5 Was s/he a company driver, contractor, or contractor's driver? 6 Reason for leaving your company?
 Discharged Resignation Lay-off Military Duty Other: _____

7 General areas traveled? _____ 8 Commodities transported? _____

9 Would you re-employ this person? Yes No Upon Review

In the **3 years** prior to the employee's dated signature above, for DOT regulated testing did the employee have...

- 10 Alcohol tests with a result of 0.04 or higher? Yes No 11 Verified positive drug tests? Yes No
 12 Any refusals to be tested? Yes No 13 Other violations of DOT agency drug & alcohol testing regulations? Yes No 14 Did a previous employer report a drug and alcohol rule violation to you? Yes No
 15 If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?
 Yes No Uncertain
 16 No safety performance history exists for this driver with our Company.

If YES to 14, you must provide the previous employer's report. If you answered "YES" to 15, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed by: _____ Title: _____ Date: _____

Comments: _____

Please return to: Fortrans, Inc. • Attn: Safety Director • Phone: 920 – 563 – 0810 • Fax: 920 – 563 – 0813

PROSPECTIVE EMPLOYER USE: RESPONSE DOCUMENTATION (GOOD FAITH EFFORT) Employer not subject to FMCSRs
 Date Contacted: ___/___/___ • 2nd Attempt: ___/___/___ • 3rd Attempt: ___/___/___ • Received back: ___/___/___
 Mail Fax Mail Fax Mail Fax