

**RECIPIENT EMPLOYER:** The individual identified in SECTION 1 below has indicated that you employ(ed) or used him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTION 2 below, remove the carbon, complete SECTIONS 3 and 4 (if applicable), and then return ply 1 to the prospective employer shown in SECTION 1.

**PROSPECTIVE EMPLOYEE:** Complete SECTION 1 and submit to prospective employer.

**PROSPECTIVE EMPLOYER:** Remove ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

### SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

\_\_\_\_\_  
First, M.I., Last

\_\_\_\_\_  
Social Security Number

hereby authorize:

\_\_\_\_\_  
Date Of Birth

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

Email: \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax No.: \_\_\_\_\_

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To

Prospective Employer: McCauley Trucking

Attention: \_\_\_\_\_ Telephone: 814-849-5789

Street: 379 Industrial Park Road

City, State, Zip: Brookville, PA 15825

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: 814-849-0569

Prospective employer's confidential email address: \_\_\_\_\_

✱

\_\_\_\_\_  
Applicant's Signature

✱

\_\_\_\_\_  
Date

### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

#### EMPLOYMENT VERIFICATION

The applicant named above was employed or used by us. Yes  No

Employed as (job title) \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

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

Completed by \_\_\_\_\_

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

If there is no safety performance history to report, check here  and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.

**PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2**

**SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

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 on SIDE 1, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here , and return.

Applicant was subject to DOT testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1.

Within the past 3 years from the application date shown on SIDE 1:	YES	NO
1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:	<input type="checkbox"/>	<input type="checkbox"/>
• An alcohol test with a result of 0.04 or higher alcohol concentration.		
• A controlled substances test result of positive, adulterated, or substituted.		
• A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.		
• Alcohol use while performing or within 4 hours before performing safety-sensitive functions.		
• Alcohol use after an accident, in violation of §382.303.		
• Controlled substances use while on duty, except as allowed under §382.213.		N/A
2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer.  Mailed.  Emailed.  Other \_\_\_\_\_

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

Subsequent attempts to contact previous employer (391.23(c)(1)): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

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

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