

# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Social Security No. \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.  
Previous Addresses  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.  
Street City State & Zip Code How Long? \_\_\_\_\_  
yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? \_\_\_\_\_

If yes, explain if you wish. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

# EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER			DATE	
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EMPLOYER			DATE	
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\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION**  
**(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.  
 (NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
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EMPLOYER			DATE	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

#### EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

#### DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

#### EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

#### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) (CITY, STATE)

#### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## PART 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: \_\_\_\_\_ 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: TarJet Hauling  
 Attention: Dave Dansker Telephone: 410 991 2069  
 Street: 23315 Cody Ct  
 City, State, Zip: Denton MD 21629

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 fax number: 410 479 2628

Prospective employer's email address: Tarjet hauling@gmail.com

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

## **PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER** **DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?  
YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  
YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  
YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?  
YES ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐

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.

Name: \_\_\_\_\_

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

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

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

Part 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

## **PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

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

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

## **PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

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

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

Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_

## **INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

### **PAGE 1 PART 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

### **PAGE 2 PART 4a: Prospective Employer**

- Complete the information
- Send to Previous Employer

### **PAGE 1 PART 2: Previous Employer**

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

### **PAGE 2 PART 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

### **PAGE 2 PART 4b: Prospective Employer**

- Record receipt of the information
- Retain the form

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

### PART 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: \_\_\_\_\_ 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: Target Hauling  
 Attention: Dave Dansker Telephone: 410 991 2069  
 Street: 23315 Cody Ct  
 City, State, Zip: Denton MD 21629

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 fax number: 410 479 2628

Prospective employer's email address: Target hauling@gmail.com

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

### PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

#### DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?  
YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  
YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  
YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?  
YES ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐

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.

Name: \_\_\_\_\_

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

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

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

Part 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

### PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

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

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

### PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

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

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

Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_

## INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

#### PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
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#### PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

#### PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

#### PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

#### PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form



# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## PART 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: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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Prospective employer's email address: Target hauling@gmail.com

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	Hazardous Material 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**

## **PART 3:**

## **TO BE COMPLETED BY PREVIOUS EMPLOYER**

### **DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?  
YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?  
YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  
YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?  
YES ☐ NO ☐
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 ☐ NO ☐
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 ☐ NO ☐

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.

Name: \_\_\_\_\_

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

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

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

Part 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

## **PART 4a:**

## **TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

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

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

## **PART 4b:**

## **TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

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

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

Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_

# **INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

## **PAGE 1 PART 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

## **PAGE 2 PART 4a: Prospective Employer**

- Complete the information
- Send to Previous Employer

## **PAGE 1 PART 2: Previous Employer**

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

## **PAGE 2 PART 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

## **PAGE 2 PART 4b: Prospective Employer**

- Record receipt of the information
- Retain the form