#### APPLICANT TO COMPLETE

(answer all questions - please print)

				<del></del>		·	
Vame Last	with which was a second	F	lund.	BA' 1 H	_ Social Security No.		
				Middle			
•	sses of residency fo	. ,					
Current Addres	Street		<u>`</u>	·	City		
				Phone		How Long?	
Previous	State		Zip Code				yr./mo.
Addresses	Street		City	<del></del>	State & Zip Code	How Long?_	vr./mo.
					·	How Long?_	<i>y</i>
•	Street		City .		State & Zip Code	110W LONG: _	yr./mo.
	Street		City		State & Zip Code	How Long?_	Nr /ma
Do you have th		k in the United St	•		Otate & Zip Code		yr./mo.
Date of Birth_					of of age?		
Have you work	ed for this compan	y before?	Where? .				
					Positio	,	
Reason for lea	ving					(A. 1. Mary 1944) 1-19	
Are you now e	mployed?	If not, how lor	ng since leaving last e	employment	?		
Who referred y	you?	···			Rate of pay expect	ted	·
Have you ever (Answer only if a k	been bonded?			· · · · · · · · · · · · · · · · · · ·	Name of bonding of	company	
Is there any attached job d	lescription]?		erform the functions	of the job	for which you have		ribed in th
If yes, explain	if you wish.			-		A command of the state of the s	<u>, , , , , , , , , , , , , , , , , , , </u>
			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		
NAME	AME		ΥA
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCS	Rs <sup>†</sup> WHILE EMPLOYED? [] YES [] NO		
WAS YOUR JOB DESIGNATED AS A STEETING REQUIREMENTS OF 49 CF	SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED A	ODE SUBJECT TO THE DRUG AND A	LCOHOL

## **EMPLOYMENT HISTORY (continued)**

	EMPLOYER				
NAME			FROM	DATE	
ADDRESS			MO. YA. POSITION HELD	MO.	ÝA
CITY	STATE	ZIP	SALARYWAGE	<del></del>	
CONTACT PERSON		PHONE NUMBER	REASON FOR LE	AVING	
WERE YOU SUBJECT TO THE FMCS	3Rs <sup>†</sup> WHILE EMPLOYED? [	]YES ⊡ NO			
WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 C	SAFETY-SENSITIVE FUNC FR PART 40? ☐ YES ☐ N	TION IN ANY DOT-REGULATED N	IODE SUBJECT TO THE DE	RUG AND	ALCOHOL
	EMPLOYER				
NAME			L FROM	DATE	
ADDRESS		And decreased and the same of	MO. YR. POSITION HELD	MO.	YR.
CITY	STÄTE	ZIP	SALARY/WAGE		
CONTACT PERSON	Nicoland Control of the Control of t	PHONE NUMBER	REASON FOR LEA	WING	
WERE YOU SUBJECT TO THE FMCS	Rs <sup>†</sup> WHILE EMPLOYED? [	YES []NO			<u> </u>
WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 C	SAFETY-SENSITIVE FUNC FR PART 40? ☐YES ☐ N	TION IN ANY DOT-REGULATED M	IODE SUBJECT TO THE DE	NUG AND	ALCOHOL
	EMPLOYER				
NAME		- Police Company	FROM	DATE To	
ADDRESS		- Annual Control of the Control of t	MO. YR. POSITION HELD	MO.	YR,
CITY	STATE	ZIP	SALARY/WAGE		<del></del>
CONTACT PERSON		PHONE NUMBER	REASON FOR LEA	VING	
WERE YOU SUBJECT TO THE FMCS	Rs <sup>†</sup> WHILE EMPLOYED? [	TYES FINO	<u> </u>		
WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 CI	SAFETY SENIOTIVE CUNO		ODE SUBJECT TO THE DR	UG AND	ALCOHOL
The state of the s	EMPLOYER				
NAME			FROM	DATE	
ADDRESS	And the state of t		MO. YR. POSITION HELD	MO.	YR.
CITY	STATE	ZIP	SALARYWAGE		<del></del>
CONTACT PERSON		PHONE NUMBER	REASON FOR LEA	VING	
WERE YOU SUBJECT TO THE FMCS	RST WHILE EMPLOYED? [		<u></u>		<del></del>
WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 CF	SAFETY-SENSITIVE FUNCT	TION IN ANY DOT DEGLE ATT	ODE SUBJECT TO THE DR	UĠ AND A	ALCOHOL
	EMPLOYER				
NAME				DATE.	
ADDRESS			MO. YR. POSITION HELD	MO.	<u> Y8.</u>
CITY	STATE	ZIP	SALARYAVAGE	<del></del>	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAD	VING	
WERE YOU SUBJECT TO THE FMCS	Rs <sup>†</sup> WHILE EMPLOYED?			'.	
WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 CF	SAFETY-SENSITIVE ELINOT	TONI INI ANIX DOT DEGLES	ODE SUBJECT TO THE DR	UG AND /	ALCOHOL
Includes vehicles having a G					

\*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.

<sup>†</sup>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	<b>→</b>	DATI	 E
NAME	Transfer of the second			то
ADDRESS		4 p	MO. YR. 1	MO. YA.
CITY	STATE	ZIP	SALARY/WAGE	A
CONTACT PERSON	· · · · · · · · · · · · · · · · · · ·	PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMC	SRs <sup>†</sup> WHILE EMPLOYED?	YES NO	4	<del></del>
WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 C	N SAFETY-SENSITIVE FUNCTI FR PART 40? ☐ YES ☐ NO	ON IN ANY DOT-REGULATED MOI	DE SUBJECT TO THE DRUG	AND ALCOHOL
	EMPLOYER		DAT	
NAME			FROM	то
ADDRESS			MO. YR. (	MO. YA
CITY	STATE	ZIP	SALARY/WAGE	<del></del>
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMC	SBet WHILE EMBLOYEDS EJ	Change i source		
WAS YOUR JOB DESIGNATED AS A TESTING REQUIREMENTS OF 49 (	A SAFETY-SENSITIVE FUNCTI	ION IN ANY DOT-REGULATED MOI	DE SUBJECT TO THE DRUG	AND ALCOHOL
. (19. 14 Mar) (- ministra) Million — ——————————————————————————————————	EMPLOYER		DAT	F
NAME		V-100-100-100-100-100-100-100-100-100-10	FROM	<del>το</del>
ADDRESS			MO. YR, POSITION HELD	MO, YR
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	And the second s	PHONE NUMBER	REASON FOR LEAVING	3
WERE YOU SUBJECT TO THE FMC	SRs <sup>†</sup> WHILE EMPLOYED?			
WAS YOUR JOB DESIGNATED AS TESTING REQUIREMENTS OF 49	A SAFETY-SENSITIVE FUNCT	ION IN ANY DOT-REGULATED MO	DE SUBJECT TO THE DRUG	AND ALCOHO
	EMPLOYER		DAT	
NAME	Livil COT LIT		FROM	TO
ADDRESS			MO; YR. POSITION HELD	MO. YR.
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	07712	PHONE NUMBER	REASON FOR LEAVING	G
WERE YOU SUBJECT TO THE FMO	SBs <sup>†</sup> WHII E EMPLOYED?	***************************************		
	A SAFETY-SENSITIVE FUNCT	TION IN ANY DOT-REGULATED MC	DE SUBJECT TO THE DRUG	AND ALCOHO
	EMPLOYER		DAT	TE:
NAME	pr substantial and a substanti		FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVIN	G
WERE YOU SUBJECT TO THE FMO	CSRs <sup>†</sup> WHILE EMPLOYED?	YES NO		
WAS YOUR JOB DESIGNATED AS		TION IN ANY DOT-REGULATED MO	DDE SUBJECT TO THE DRUG	3 AND ALCOHO

	DATES	NATURE OF AC (HEAD-ON, REAR-END,		FATALITIES	INJURIES	HAZARDOUS
AST ACCIDENT		(TICAD-OIN, NEAR-END,	, OPSE1, E10.)			MATERIAL SPILL
	**					
EXT PREVIOU		and addressed to the second se				
EXT PREVIOU		779778841				
AFFIC CONVIC		FEITURES FOR THE PAST			OLATIONS) IF NONE	, WRITE NONE
	LOCATION		DATE	CHARGE		PENALTY
<del></del>		(ATTACH SH	IEET IF MORE SPA	ACE IS NEEDED)		
				ATIONS - DRIVER	}	
victor	STATE	LICENSE NO.	CLASS	ENDORSEN		EXPIRATION DATE
river censes or						
ermits held			-			
the past						<u> </u>
years						
		cense, permit or privilege to	•	ehicle?		NO
-		ege ever been suspended o	·		YES	NO
IF I TE ANOV	VER IO EITHER	A OR B IS YES, GIVE DETA	ILS			
RIVING EXPE	RIENCE CHECK	YES OR NO		***************************************		
	CLASS OF EQU		CIRCLE TYPE OF	F EQUIPMENT	DATES	APPROX. NO. OF MILE
mar and a MA				FRO	M (M/Y) TO (M/Y)	(TOTAL)
	ICK	☐YES ☐NO	(VAN, TANK, FLAT,		<u> </u>	
	SEMI-TRAILER		(VAN, TANK, FLAT,			
	OTRAILERS	☐YES ☐ NO	(VAN, TANK, FLAT,			
	REETRAILERS _	YES NO More than 8 passengers	(VAN, TANK, FLAT,	- DOMF, REFER)		
		YES NO passengers  YES NO passengers		-		
	1-SCHOOL BUS	La 140 La 140 passengers				
OTHER						
ST STATES OP	ERATED IN FOR	LAST FIVE YEARS:				
HOW CDECIAL	COURSES OR TI	RAINING THAT WILL HELP	VOLLAS A DRIVE			
		DO YOU HOLD AND FROM				
1,,07. 0 4. 2.				CATIONS - OTHE		
LIONAL AND CTOLL	OKÍNO TRANCÓ	ORTATION OR OTHER EXP				Trainanne
		UMIATION OR STREET EXP				
IST COURSES	AND TRAINING C	THER THAN SHOWN ELS	EWHERE IN THIS	APPLICATION		
IST SPECIAL E	QUIPMENT OR T	ECHNICAL MATERIALS YO	U CAN WORK WI	TH (OTHER THAN TH	HOSE ALREADY SH	(NWC
			EDUCATIO	•		05.400.1
		LETED: 1 2 3 4 5 6				
AST SCHOOL	ATTENDED NAM	E)				
		TO RE REA	JD AND SIGNE	D BY APPLICAD	19	
a	11					dymintion to it
This certifies	that this ap	plication was comple			es on it and inf	ormation in it are
and complete	e to the best o		ted by me, ar	nd that all entris		

### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

			E ENIPLOYEE	· · · · · · · · · · · · · · · · · · ·
I, (Print Name)				
First Hereby authorize:	M.I.	Last	Soc	ial Security Number
Previous Employer:	:	٧	Email:	Date of Birth
Street:			Telephone: _	
City, State, Zip;			Fax No.:	
To release and forward the inform Substances Testing records within	nation requested by sec	tion 3 of this document of	concerning my Al	cohol and Controlled
<b></b>	Tort	employment a	application date)	·
To: Prospective Em	Dayler:	et Hauling	Telephone:	4109912069
Street:	22210	5 Cody Ct		
City, State, Zip:	Den	ton MD	21629	
n compliance with §40.25(g) and confidentiality, such as fax, email,	391.23(h), release of the or letter.	is information must be n	nade in a written	form that ensures
Prospective employer's fax number	er: <u>410479</u>	2628	•	
Prospective employer's email addi	ress: Tarjet h	auting Ogma	ilicom	
Арј	plicant's Signature		•	Date
his information is being requested	d in compliance with \$4	0.25(g) and 391.23.		
ART 2:	TO BE COMPLET	TED BY PREVIOUS E	MPLOYER	
he applicant named above was e	ACCID	ENT HISTORY		
mployed as	from (m/y)	<u> </u>	to (m/y)	
. Did he/she drive motor vehicle us ☐ Cargo Tank ☐ Doubles/T	for vou? Yes □ No □	☐ If yes, what type? St	raight Truck □	Tractor-Semitrailer
Reason for leaving your employ there is no safety performance hi	story to report, check h	ere⊡, sign below and re	eturn.	
CCIDENTS: Complete the follow oplicant in the 3 years prior to the	ing for any accidents in application date shown	cluded on your accident above, or check⊡ here	register (§390.1 e if there is no ac	5(b)) that involved the cident register data for
is driver.				•
s driver.	Location	# Injuries	# Fatalities	Hazmat Spill
s driver. Date	Location	J.,		
s driver. Date	<u></u>	· · · · · · · · · · · · · · · · · · ·		
is driver.  Date			# Fatalities	
bate  Date  Date	ing any other accidents der internal company po	i linvolving the applicant to	# Fatalities that were reporte	Hazmat Spill d to government
bate  Date  Date  Pase provide information concerned and the conce	ing any other accidents der internal company po	; involving the applicant	# Fatalities that were reporte	Hazmat Spill d to government
bate  Date  Date  pase provide information concerned under the con	ing any other accidents der internal company po	i linvolving the applicant o	# Fatalities that were reporte	Hazmat Spill  d to government
is driver.  Date  Passe provide information concerned encles or insurers or retained under the concerned when the concerned whe	ing any other accidents der internal company po	involving the applicant l	# Fatalities that were reporte	Hazmat Spill  d to government
bate  Date	ling any other accidents der internal company po	i linvolving the applicant olicies:	# Fatalities that were reporte	Hazmat Spill  d to government
is driver.  Date  Date  ease provide information concerned encies or insurers or retained under the concerned when the concerne	ling any other accidents der internal company po	i linvolving the applicant o	# Fatalities that were reporte	Hazmat Spill  d to government

#### PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3: TO BE COMPLETED	BY PREVIOUS EMPLOYER			
	COHOL HISTORY			
If driver was not subject to Department of Transportation test check here □, fill in the dates of employment fromsign, and return.	ing requirements while employed by this employer, please for the formal			
Driver was subject to Department of Transportation testing re	quirements fromto			
1. Has this person had an alcohol test with the result of 0.	04 or higher alcohol concentration?			
YES I NO II  2. Has this person tested positive or adulterated or substi  YES II NO II	i i			
YES II NO II  3. Has this person refused to submit to a post-accident, recontrolled substance test?  YES II NO II	andom, reasonable suspicion, or follow-up alcohol or			
4. Has this person committed other violations of Subpart I	3 of Part 382, or Part 40?			
YES INO II  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 rehable driver subsequently have an alcohol test result of 0.04 or YES □ NO□	ilitation referral and remained in your employ, did this or greater, a verified positive drug test, or refuse to be tested?			
In answering these questions, include any required DOT drug employers in the previous 3 years prior to the application date	or alcohol testing information obtained from prior previous shown on page 1.			
Name:				
Company:				
Street				
City, State, Zip:	Telephone:			
Pairt 3 Completed by (Signature):	Date:			
the state of the s	BY PROSPECTIVE EMPLOYER			
This form was (check one)   Faxed to previous employer				
By:	Date:			
	BY PROSPECTIVE EMPLOYER			
Complete below when information is obtained.				
Information received from:				
Recorded by:	Method: D Fax D Mail D Email D Telephone			
Date:	□ Other			
INSTRUCTIONS TO COMPLETE THE SAFETY P	ERFORMANCE 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:	TOI	BE COMPLETED I	3Y PROSPECT	IVE EMPLOYEE	
t (Dulat Name)					
I, (Print Name)	First	M.J,	Last	Socia	I Security Number
Hereby authorize			ţ.		Date of Birth
Previous Employe	эт:			Email:	
Street:				Telephone:	
To release and fo Substances Testi	rward the information reng records within the pr	equested by section evious 3 years from	of this document	t concerning my Alc	ohol and Controlled ——·
	Prospective Employer:	10/ 10-	- Haulin	a	
	Attention:	Dave Dav	SKEV	Telephone: L	109912069
	Street:	23315	lodu Ct		
	City, State, Zip:	Dentor	n mo	21629	
	§40,25(g) and 391.23	(h), release of this in		,	
confidentiality, suc	h as fax, email, or lette	г.			
Prospective emplo	yer's fax number: 💆	104190	638		
Prospective emplo	yer's email address:	larget hou	ling @gm	ailicom	
	Applicant's	19471			Date
This information is	being requested in cor	npliance with §40.25	(g) and 391.23.		
PART 2:	TO	BE COMPLETED	BY PREVIOUS	EMPLOYER	
	ed above was employe	ACCIDENT	HISTORY		
Employed as		from (m/y)		to (m/y)	
1 Did he/she driv	e motor vehicle for you k   Doubles/Triples [	?Yes⊟ No⊟ If	ves, what type?	Straight Truck 🛚 📑	Fractor-Semitraller ☐
2. Reason for lear	ving your employ: Disc performance history to	harged ☐ Resigna report, check here [	tion El Lay Off I I, sign below and	☐ Military Duty ☐ Lreturn.	
ACCIDENTS: Cor applicant in the 3 y this driver.	nplete the following for ears prior to the applica	any accidents includ ition date shown abo	ed on your accide ve, or check ☐ h	ent register (§390.15 ere if there is no acc	(b)) that involved the ident register data for
ulis univer. Date	Locatio	on #1r	jurles	# Fatalities	Hazmat Spill
1			<b>.</b>		
2		·			
Plaaca provida info	rmation concerning any	other accidents invo	lying the applica	nt that were reported	I to government
-	s or retained under inte		5:		
		· · · · · · · · · · · · · · · · · · ·			
Any other remarks:	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
	•		<del>- 4</del>	<u> </u>	
				· · · · · · · · · · · · · · · · · · ·	
		Signature:			
			不利力的 知识 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		
		Tuc.			

### PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED I	BY PREVIOUS EMPLO	OYER		
	DRUG AND ALC	COHOL HISTORY			
check here $\square$ , fill in the dates of sign, and return.	от етрюутель пот		nployed by this employer, please , complete bottom of Part 3,		
Driver was subject to Department of Transportation testing requirements fromtoto					
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 p	ositive or adulterated or substil		3		
3. Has this person refused controlled substance test			4.0		
4. Has this person committee	ed other violations of Subpart E				
5. If this person has violated rehabilitation program in documentation back with		o-auty and follow-up test	5: If yes, produce sorta		
6. For a driver who success driver subsequently have YES □ NO□		or greater, a vermed posit	ive drug tosa, or foruse to 22 this		
In answering these questions, I employers in the previous 3 years	nclude any required DOT drug ars prior to the application date	or alcohol testing information shown on page 1.	ation obtained from prior previous		
Name:					
Company:		and the second s			
Stroots			· · · · · · · · · · · · · · · · · · ·		
City. State. Zip:			ephone:		
Part 3 Completed by (Signature	)		_ Date:		
PART 4a:	TO BE COMPLETED	BY PROSPECTIVE E	MPLOYER		
This form was (check one)			I Other		
Din	A CONTRACTOR OF THE CONTRACTOR		_ Date:		
Бу.					
PART 4b:	TO BE COMPLETED	BY PROSPECTIVE E	MPLOYER		
Complete below when informati	on is obtained.				
Information received from:					
Recorded by:		_ Method: □ Fax □	Mail □ Email □ Telephone		
Date:		_ DOther			
	COMPLETE THE SAFETY P	ERFORMANCE HISTOR	Y RECORDS REQUEST		
		7 [	Provious Employer		

#### 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 COMPLE	TED BY PROSPEC	CTIVE EMPLOYE	F
I, (Print Name)				
First Hereby authorize:	M.I.	Last	Ś	ocial Security Number
Previous Employer:		¥	- Curally	Date of Birth
Street:			•	
City, State, Zip;				
To release and forward the inform Substances Testing records with	nation requested by se	ction 3 of this docum	ent concerning my	Alcohol and Controlled
		(employm	ent application date	)
To: Prospective En	iployer: 1000	IXT Hami	ng	4109912069
Attention:	23319	ansker 5 Codul C	Telephone	
Street:			211-20	
City, State, Zip: In compliance with §40,25(g) and	,			· · · · · · · · · · · · · · · · · · ·
confidentiality, such as fax, email,	or letter.		ne wade wa wwe	n torm that ensures
Prospective employer's fax number	r: <u>410479</u>	2628	*****	•
Prospective employer's email add	ess: Tarjet h	wuling @gn	nail.com	
Ар	olicant's Signature	<u> </u>		Date
This information is being requeste	I in compliance with \$4	0.25(g) and 391.23.		
PART 2:	TO BE COMPLET	TED BY PREVIOU	S FMPLOYER	
	ACCID	ENT HISTORY	the same and the same is	<u>,</u>
The applicant named above was e	nployed by us. Yes 🛘	No □		
Employed as	from (m/y)	<del>4. innue : </del>	to (m/y)	
. Did he/she drive motor vehicle Bus □ Cargo Tank □ Doubles/T	for you? Yes □ No D riples □ Other (Spec	☐ If yes, what type? Ify)	Straight Truck	Tractor-Semitrailer □
Reason for leaving your employ there is no safety performance his	r: Discharged ☐ Res story to report, check h	ignation □ Lay Off ere □, sign below an	☐ Military Duty ☐ id return.	
GCIDENTS: Complete the follow pplicant in the 3 years prior to the is driver.	ng for any accidents in application date shown	cluded on your accid above, or check⊟ I	lent register (§390. here if there is no a	(5(b)) that involved the coldent register data for
Date	Location	# Injuries	# Fatalities	Hazmat Spill
		The state of the s		<u> </u>
<u> </u>				
ease provide information concerni encles or insurers or retained und	ng any other accidents	involving the applica	int that were report	ed to government
The state of the s	ar antoniar somporty po			
			<del></del>	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
y other remarks:				
		and the state of t	· · · · · · · · · · · · · · · · · · ·	
				-
		<del>- weiter a</del>	en e	<u>`</u>
	Signature:			
•	1			

#### PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED	BY PREVIOUS EMPLOYER			
	DRUG AND AI	LCOHOL HISTORY			
If driver was not su check here □, fill in sign, and return.	bject to Department of Transportation tes the dates of employment from	sting requirements while employed by this employer, please to, complete bottom of Part 3,			
Driver was subject	to Department of Transportation testing r	requirements fromto			
VECT	on had an alcohol test with the result of 0 NO □				
2. Has this pers	2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?				
3. Has this pers	3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?				
4. Has this pers	on committed other violations of Subpart	t B of Part 382, or Part 40?			
5. If this person rehabilitation documentatio	YES INO II  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.				
6. For a driver w driver subseq	YES INO II  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 II NOII				
In answering these employers in the pre	questions, include any required DOT dru vious 3 years prior to the application dat	g or alcohol testing information obtained from prior previous te shown on page 1.			
Name:					
Company:					
Street:					
City, State, Zip:		Telephone:			
Part 3 Completed by	(Signature):	Date:			
PART 4a:	TO BE COMPLETED	D BY PROSPECTIVE EMPLOYER			
This form was (check	cone)   Faxed to previous employer	☐ Mailed ☐ Emailed ☐ Other			
Ву:		Date:			
		D BY PROSPECTIVE EMPLOYER			
	n information is obtained.				
	from:				
7.					
-		Other			
		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 1 PART 2: Previous Employer
  Gomplete 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