

# INVESTIGATION INTO SAFETY PERFORMANCE HISTORY

§§391.23, 40.25

## PROSPECTIVE EMPLOYER:

COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE NO. (\_\_\_\_\_) \_\_\_\_\_  
                    AREA  
FAX NO. (\_\_\_\_\_) \_\_\_\_\_  
                    AREA  
E-MAIL \_\_\_\_\_  
CONTACT \_\_\_\_\_  
COMPANY OFFICIAL \_\_\_\_\_

SIGNATURE OF COMPANY OFFICIAL \_\_\_\_\_

## PREVIOUS EMPLOYER:

COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE NO. (\_\_\_\_\_) \_\_\_\_\_  
                    AREA  
FAX NO. (\_\_\_\_\_) \_\_\_\_\_  
                    AREA  
E-MAIL \_\_\_\_\_  
CONTACT \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_

has made application to our company for a position as a Commercial Motor Vehicle driver. We must obtain the following information from you under §§391.23 (d) and (e). You are required to reply within 30 days under §391.23 (g). Your reply will be held in strict confidence. We may report your failure to answer this investigation under §386.12.

The above named driver has given written consent as noted below.

## SAFETY PERFORMANCE HISTORY

1. Above named driver was employed as \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Reason for leaving employment: \_\_\_\_\_ discharged \_\_\_\_\_ laid off \_\_\_\_\_ resigned.
3. He/she operated the following types of equipment: \_\_\_\_\_
4. List all preventable accidents (as defined in §390.15(b)) the above named driver was involved in since April 29, 2003.  
(use additional sheet if necessary)

Date of Accident	Location	No. of Injuries	No. of Fatalities	No. of Tow-aways	Was Hazmat Released?

5. List any other accidents above named driver was involved in in the last 3 years (optional)

Date of Accident	Location	No. of Injuries	No. of Fatalities	No. of Tow-aways	Was Hazmat Released?

6. Did the above named driver violate any prohibition under §382 subpart B in the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Did the driver violate any U.S. DOT agency drug and alcohol testing regulations? YES \_\_\_\_\_ NO \_\_\_\_\_
8. Did the driver have an alcohol test with a result of 0.04 or higher? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Did the driver have any verified positive drug tests? YES \_\_\_\_\_ NO \_\_\_\_\_
10. Did the driver refuse to be tested (including verified adulterated or substituted drug test results)? YES \_\_\_\_\_ NO \_\_\_\_\_
11. Did the driver fail to undertake or complete an SAP's recommendation regarding rehabilitation or treatment following a positive drug or alcohol test? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_  
Please provide documentation of the driver's successful completion of U.S. DOT return-to-duty requirements.
12. Do you have previous employment drug and alcohol testing verification from U.S. DOT regulated employers prior to the driver working for you? YES \_\_\_\_\_ NO \_\_\_\_\_ Please provide documentation
13. Additional comments on the above named driver's safety performance history \_\_\_\_\_
14. Check here if there is no safety performance history information on the above named driver \_\_\_\_\_

I certify the information provided on the safety performance history is accurate and true.

PREVIOUS EMPLOYER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Under §391.23(i) and (j), the above named driver has the right to request a correction or make a rebuttal to your response.  
Contact in the event of a correction or rebuttal \_\_\_\_\_

## DRIVER'S WRITTEN CONSENT

I am authorizing you to release any and all information regarding my employment and safety performance history while I was employed by your company. Under §391.23(l), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against you based on furnishing true and accurate information. You are hereby authorized to give the information requested to the person named above.

DRIVER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## PROSPECTIVE EMPLOYER USE ONLY

Date of attempt/contact: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Information sent via: \_\_\_\_\_ Personal interview \_\_\_\_\_ Telephone interview \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail  
Information obtained via: \_\_\_\_\_ Personal interview \_\_\_\_\_ Telephone interview \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail  
\_\_\_\_ Corrected information / driver rebuttal attached  
\_\_\_\_ Good faith effort was made to contact the previous employer; it failed to respond to our request.  
\_\_\_\_ Previous employer was not knowledgeable of the failure to undertake or complete an SAP's recommendation regarding rehabilitation or treatment following a positive drug or alcohol test. Information from the driver regarding his/her return-to-duty and follow-up program has been obtained directly from the driver.

Distribution: White - Send To Previous Employer Yellow - Driver Qualification and History File