



Johnson & Johnson Transport, Inc.
 1103 US Highway 90, Madison, FL 32340
 Phone 850-973-1431 Fax 850-290-7443

Name _____
 (First) (Middle) (Last) (Maiden, If Any)

Address _____ How Long? _____
 (Street) (City) (State & Zip Code)

Date of Birth ____/____/____ SSN ____ - ____ - ____ Application Date ____/____/____

Phone _____ Cell _____ E-mail Address _____

RESIDENCES FOR PAST 3 YEARS

Address _____ How Long? _____
 (Street) (City) (State & Zip Code)

Address _____ How Long? _____
 (Street) (City) (State & Zip Code)

Address _____ How Long? _____
 (Street) (City) (State & Zip Code)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES__ NO__
				YES__ NO__
				YES__ NO__

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MTH/YR)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? _____
 IF YES, EXPLAIN _____
- B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? _____
 IF YES, EXPLAIN _____

EMPLOYMENT RECORD

APPLICANTS THAT DESIRE TO DRIVE IN INTRASTATE/INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PREVIOUS THREE YEARS. YOU MUST GIVE THE SAME INFORMATION FOR ALL EMPLOYERS YOU HAVE DRIVEN A COMMERCIAL MOTOR VEHICLE FOR THE SEVEN YEARS PRIOR TO THE INITIAL THREE YEARS (TOTAL OF TEN YEARS EMPLOYMENT RECORD.)

MUST LIST THE COMPLETE MAILING ADDRESS: STREET NUMBER AND NAME, CITY, STATE, AND ZIP CODE.

EMPLOYER NAME _____ **PHONE** _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MTH/YR) AND REASON:

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS (FMCSRS) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES NO

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY

49 CFR PART 40? YES NO

EMPLOYER NAME _____ **PHONE** _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MTH/YR) AND REASON:

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS (FMCSRS) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES NO

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY

49 CFR PART 40? YES NO

EMPLOYER NAME _____ **PHONE** _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASON FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MTH/YR) AND REASON:

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIERS SAFETY REGULATIONS (FMCSRS) WHILE EMPLOYED BY THE PREVIOUS EMPLOYER? YES NO

WAS THE PREVIOUS JOB POSITION DESIGNATED AS A SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE, SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING REQUIREMENTS AS REQUIRED BY

49 CFR PART 40? YES NO

(ATTACH SHEET IF MORE SPACE IS NEEDED)

TO BE READ AND SIGNED BY APPLICANT

I AUTHORIZE YOU TO MAKE SURE INVESTIGATIONS AND INQUIRIES TO MY PERSONAL, EMPLOYMENT, FINANCIAL, OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. (GENERALLY, INQUIRIES REGARDING MEDICAL HISTORY WILL BE MADE ONLY IF AND AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN EXTENDED.) I HEREBY RELEASE EMPLOYERS, SCHOOLS, HEALTHCARE PROVIDERS AND OTHER PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMATION IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

I UNDERSTAND THAT INFORMATION I PROVIDE REGARDING CURRENT AND/OR PREVIOUS EMPLOYERS MAY BE USED, AND THOSE EMPLOYER(S) WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23(d) AND (e). I UNDERSTAND THAT I HAVE THE RIGHT TO:

- REVIEW INFORMATION PROVIDED BY CURRENT/PREVIOUS EMPLOYERS;
- HAVE ERRORS IN THE INFORMATION CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE PREVIOUS EMPLOYERS TO RE-SEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER; AND
- HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER(S) AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.

APPLICANT'S SIGNATURE

DATE

THIS CERTIFIES THAT I COMPLETED THIS APPLICATION, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE

NOTE: A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE INFORMATION IN ADDITION TO THE INFORMATION REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ - - - - - / /
 (FIRST) (MI) (LAST) (SOCIAL SECURITY #) (DATE OF BIRTH)

HEREBY AUTHORIZE, (PREVIOUS EMPLOYER) _____

ADDRESS: _____
 (STREET) (CITY) (STATE & ZIP CODE)

PHONE _____ FAX _____ EMAIL ADDRESS _____

TO RELEASE AND FORWARD THE INFORMATION REQUESTED BY SECTION 3 OF THIS DOCUMENT CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS WITHIN THE LAST 3 YEARS FROM _____
 (APPLICATION DATE)

TO, (PROSPECTIVE EMPLOYER) **JOHNSON & JOHNSON TRANSPORT, INC.**
dba: J † J STRONG
 STREET: 1130 US HWY 90 E, MADISON, FL 32340
 MAIL: P O BOX 128, MADISON, FL 32341
 PHONE: 850-973-1431 FAX: 850-290-7443
 EMAIL: BRENDA.LANCASTER@JJ-STRONG.COM

IN COMPLIANCE WITH §40.25(g) AND 391.23(h), RELEASE OF THIS INFORMATION MUST BE IN A WRITTEN FORM THAT ENSURES CONFIDENTIALITY, SUCH AS FAX, EMAIL, OR LETTER.

 (APPLICANTS SIGNATURE) (DATE)
 THIS INFORMATION IS BEING REQUESTED IN COMPLIANCE WITH §40.25(g) AND 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT HISTORY

WAS THE APPLICANT NAMED ABOVE EMPLOYED BY YOU? YES _____ NO _____

EMPLOYED AS _____ FROM (M/Y) _____ TO (M/Y) _____

1. DID HE/SHE DRIVE A MOTOR VEHICLE FOR YOU? YES _____ NO _____
 IF YES, WHAT TYPE? STRAIGHT TRUCK _____ TRACTOR-SEMITRAILER _____ BUS _____
 CAROG TANK _____ DOUBLES/TRIPLES _____ OTHER (SPECIFY) _____

2. REASON FOR LEAVING YOUR EMPLOYMENT? DISCHARGED ___ RESIGNATION ___ LAY OFF ___ MILITARY DUTY ___
 IF THERE IS NO SAFETY PERFORMANCE HISTORY TO REPORT, CHECK HERE ____, SIGN BELOW AND RETURN.

ACCIDENT HISTORY

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 RETAINED UNDER INTERNAL COMPANY POLICIES:

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 _____, COMPLETED BOTTOM OF PART 2, 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 ADULTERED 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 EMPLOYMENT, INCLUDING RETURN-TO-DUTY AND FOLLOW-UP TESTS? IF YES, PLEASE SEND DOCUMENTATION BACK WITH THIS FORM.
6. YES NO N/A

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.

ANY OTHER REMARKS:

PART 2 COMPLETED BY:

PRINT NAME: _____ TITLE: _____

COMPANY: _____

STREET: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

PART 3A: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

THIS FORM WAS (CHECK ONE) FAXED MAILED EMAILED OTHER _____

BY: _____ DATE: _____

PART 3B: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

COMPLETE BELOW WHEN INFORMATION IS OBTAINED.

INFORMATION RECEIVED FROM: _____

RECORDED BY: _____ DATE: _____

METHOD: FAXED MAILED EMAILED OTHER _____

INSTRUCTIONS TO COMPLETE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: PROSPECTIVE EMPLOYEE

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- SUBMIT TO THE PROSPECTIVE EMPLOYER

PART 2: PREVIOUS EMPLOYER

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- RETURN TO PROSPECTIVE EMPLOYER

PART 3A: PROSPECTIVE EMPLOYER

- COMPLETE THE INFORMATION
- SEND TO THE PREVIOUS EMPLOYER

PART 3B: PROSPECTIVE EMPLOYER

- RECORD RECEIPT OF THE INFORMATION
- RETAIN THE FORM

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ - - - - / /
 (FIRST) (MI) (LAST) (SOCIAL SECURITY #) (DATE OF BIRTH)

HEREBY AUTHORIZE, (PREVIOUS EMPLOYER) _____

ADDRESS: _____
 (STREET) (CITY) (STATE & ZIP CODE)

PHONE _____ FAX _____ EMAIL ADDRESS _____

TO RELEASE AND FORWARD THE INFORMATION REQUESTED BY SECTION 3 OF THIS DOCUMENT CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS WITHIN THE LAST 3 YEARS FROM _____
 (APPLICATION DATE)

TO, (PROSPECTIVE EMPLOYER) JOHNSON & JOHNSON TRANSPORT, INC.
 dba: J † J STRONG
 STREET: 1130 US HWY 90 E, MADISON, FL 32340
 MAIL: P O BOX 128, MADISON, FL 32341
 PHONE: 850-973-1431 FAX: 850-290-7443
 EMAIL: BRENDA.LANCASTER@JJ-STRONG.COM

IN COMPLIANCE WITH §40.25(g) AND 391.23(h), RELEASE OF THIS INFORMATION MUST BE IN A WRITTEN FORM THAT ENSURES CONFIDENTIALITY, SUCH AS FAX, EMAIL, OR LETTER.

 (APPLICANTS SIGNATURE) (DATE)

THIS INFORMATION IS BEING REQUESTED IN COMPLIANCE WITH §40.25(g) AND 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT HISTORY

WAS THE APPLICANT NAMED ABOVE EMPLOYED BY YOU? YES _____ NO _____

EMPLOYED AS _____ FROM (M/Y) _____ TO (M/Y) _____

3. DID HE/SHE DRIVE A MOTOR VEHICLE FOR YOU? YES _____ NO _____
 IF YES, WHAT TYPE? STRAIGHT TRUCK _____ TRACTOR-SEMITRAILER _____ BUS _____
 CAROG TANK _____ DOUBLES/TRIPLES _____ OTHER (SPECIFY) _____

4. REASON FOR LEAVING YOUR EMPLOYMENT? DISCHARGED ___ RESIGNATION ___ LAY OFF ___ MILITARY DUTY ___
 IF THERE IS NO SAFETY PERFORMANCE HISTORY TO REPORT, CHECK HERE ____, SIGN BELOW AND RETURN.

ACCIDENT HISTORY

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 RETAINED UNDER INTERNAL COMPANY POLICIES:

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 _____, COMPLETED BOTTOM OF PART 2, SIGN, AND RETURN.
DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM _____ TO _____.

- 7. HAS THIS PERSON HAD AN ALCOHOL TEST WITH THE RESULT OF 0.04 OR HIGHER ALCOHOL CONCENTRATION?
YES NO
- 8. HAS THIS PERSON TESTED POSITIVE OR ADULTERED OR SUBSTITUTED A TEST SPECIMEN FOR CONTROLLED SUBSTANCES?
YES NO
- 9. HAS THIS PERSON REFUSED TO SUBMIT TO A POST-ACCIDENT, RANDOM, REASONABLE SUSPICION, OR FOLLOW-UP ALCOHOL OR CONTROLLED SUBSTANCE TEST?
YES NO
- 10. HAS THIS PERSON COMMITTED OTHER VIOLATIONS OF SUBPART B OF PART 382, OR PART 40?
YES NO
- 11. IF THIS PERSON HAS VIOLATED A DOT DRUG AND ALCOHOL REGULATION, DID THIS PERSON COMPLETE A SAP-PRESCRIBED REHABILITATION PROGRAM IN YOUR EMPLOYMENT, INCLUDING RETURN-TO-DUTY AND FOLLOW-UP TESTS? IF YES, PLEASE SEND DOCUMENTATION BACK WITH THIS FORM.
- 12. YES NO N/A

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.

ANY OTHER REMARKS:

PART 2 COMPLETED BY:

PRINT NAME: _____ TITLE: _____

COMPANY: _____

STREET: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

PART 3A: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

THIS FORM WAS (CHECK ONE) FAXED MAILED EMAILED OTHER _____

BY: _____ DATE: _____

PART 3B: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

COMPLETE BELOW WHEN INFORMATION IS OBTAINED.

INFORMATION RECEIVED FROM: _____

RECORDED BY: _____ DATE: _____

METHOD: FAXED MAILED EMAILED OTHER _____

INSTRUCTIONS TO COMPLETE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: PROSPECTIVE EMPLOYEE

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- SUBMIT TO THE PROSPECTIVE EMPLOYER

PART 2: PREVIOUS EMPLOYER

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- RETURN TO PROSPECTIVE EMPLOYER

PART 3A: PROSPECTIVE EMPLOYER

- COMPLETE THE INFORMATION
- SEND TO THE PREVIOUS EMPLOYER

PART 3B: PROSPECTIVE EMPLOYER

- RECORD RECEIPT OF THE INFORMATION
- RETAIN THE FORM

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____ - - - - / /
 (FIRST) (MI) (LAST) (SOCIAL SECURITY #) (DATE OF BIRTH)

HEREBY AUTHORIZE, (PREVIOUS EMPLOYER) _____

ADDRESS: _____
 (STREET) (CITY) (STATE & ZIP CODE)

PHONE _____ FAX _____ EMAIL ADDRESS _____

TO RELEASE AND FORWARD THE INFORMATION REQUESTED BY SECTION 3 OF THIS DOCUMENT CONCERNING MY ALCOHOL AND CONTROLLED SUBSTANCES TESTING RECORDS WITHIN THE LAST 3 YEARS FROM _____
 (APPLICATION DATE)

TO, (PROSPECTIVE EMPLOYER) JOHNSON & JOHNSON TRANSPORT, INC.
 dba: J † J STRONG
 STREET: 1130 US HWY 90 E, MADISON, FL 32340
 MAIL: P O BOX 128, MADISON, FL 32341
 PHONE: 850-973-1431 FAX: 850-290-7443
 EMAIL: BRENDA.LANCASTER@JJ-STRONG.COM

IN COMPLIANCE WITH §40.25(g) AND 391.23(h), RELEASE OF THIS INFORMATION MUST BE IN A WRITTEN FORM THAT ENSURES CONFIDENTIALITY, SUCH AS FAX, EMAIL, OR LETTER.

 (APPLICANTS SIGNATURE) (DATE)

THIS INFORMATION IS BEING REQUESTED IN COMPLIANCE WITH §40.25(g) AND 391.23.

PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT HISTORY

WAS THE APPLICANT NAMED ABOVE EMPLOYED BY YOU? YES _____ NO _____

EMPLOYED AS _____ FROM (M/Y) _____ TO (M/Y) _____

5. DID HE/SHE DRIVE A MOTOR VEHICLE FOR YOU? YES _____ NO _____
 IF YES, WHAT TYPE? STRAIGHT TRUCK _____ TRACTOR-SEMITRAILER _____ BUS _____
 CAROG TANK _____ DOUBLES/TRIPLES _____ OTHER (SPECIFY) _____

6. REASON FOR LEAVING YOUR EMPLOYMENT? DISCHARGED ___ RESIGNATION ___ LAY OFF ___ MILITARY DUTY ___
 IF THERE IS NO SAFETY PERFORMANCE HISTORY TO REPORT, CHECK HERE ____, SIGN BELOW AND RETURN.

ACCIDENT HISTORY

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 RETAINED UNDER INTERNAL COMPANY POLICIES:

PART 2 (CONT.) 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 _____, COMPLETED BOTTOM OF PART 2, SIGN, AND RETURN.

DRIVER WAS SUBJECT TO DEPARTMENT OF TRANSPORTATION TESTING REQUIREMENTS FROM _____ TO _____.

13. HAS THIS PERSON HAD AN ALCOHOL TEST WITH THE RESULT OF 0.04 OR HIGHER ALCOHOL CONCENTRATION?

YES NO

14. HAS THIS PERSON TESTED POSITIVE OR ADULTERED OR SUBSTITUTED A TEST SPECIMEN FOR CONTROLLED SUBSTANCES?

YES NO

15. HAS THIS PERSON REFUSED TO SUBMIT TO A POST-ACCIDENT, RANDOM, REASONABLE SUSPICION, OR FOLLOW-UP ALCOHOL OR CONTROLLED SUBSTANCE TEST?

YES NO

16. HAS THIS PERSON COMMITTED OTHER VIOLATIONS OF SUBPART B OF PART 382, OR PART 40?

YES NO

17. IF THIS PERSON HAS VIOLATED A DOT DRUG AND ALCOHOL REGULATION, DID THIS PERSON COMPLETE A SAP-PRESCRIBED REHABILITATION PROGRAM IN YOUR EMPLOYMENT, INCLUDING RETURN-TO-DUTY AND FOLLOW-UP TESTS? IF YES, PLEASE SEND DOCUMENTATION BACK WITH THIS FORM.

18. YES NO N/A

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.

ANY OTHER REMARKS:

PART 2 COMPLETED BY:

PRINT NAME: _____ TITLE: _____

COMPANY: _____

STREET: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____ DATE: _____

PART 3A: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

THIS FORM WAS (CHECK ONE) FAXED MAILED EMAILED OTHER _____

BY: _____ DATE: _____

PART 3B: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

COMPLETE BELOW WHEN INFORMATION IS OBTAINED.

INFORMATION RECEIVED FROM: _____

RECORDED BY: _____ DATE: _____

METHOD: FAXED MAILED EMAILED OTHER _____

INSTRUCTIONS TO COMPLETE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1: PROSPECTIVE EMPLOYEE

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- SUBMIT TO THE PROSPECTIVE EMPLOYER

PART 2: PREVIOUS EMPLOYER

- COMPLETE THE INFORMATION REQUIRED IN THIS SECTION
- SIGN AND DATE
- RETURN TO PROSPECTIVE EMPLOYER

PART 3A: PROSPECTIVE EMPLOYER

- COMPLETE THE INFORMATION
- SEND TO THE PREVIOUS EMPLOYER

PART 3B: PROSPECTIVE EMPLOYER

- RECORD RECEIPT OF THE INFORMATION
- RETAIN THE FORM