

# DRIVER APPLICATION

Advertising Source: \_\_\_\_\_ Driver Referral: \_\_\_\_\_

**CIRCLE ONE OF THE FOLLOWING:**      Company Driver      Owner Operator

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

How many years of Tractor/Trailer experience? \_\_\_\_\_

Please list all residences for the past three (3) years.

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How Long: Years \_\_\_\_ Months \_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How Long: Years \_\_\_\_ Months \_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How Long: Years \_\_\_\_ Months \_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Circle the Make of tractors driven:**

**Circle the type of trailers pulled:**

IHC/Navistar	Cab Over	Conventional
Kenworth	Cab Over	Conventional
Freightliner	Cab Over	Conventional
Peterbilt	Cab Over	Conventional
Ford	Cab Over	Conventional
Other:	Cab Over	Conventional

Van	Reefer
Livestock	Flatbed
Hopper	Grain
Bulk Tanker	Liquid Bulk Tanker
Drop Deck/ Step Deck	

Circle commodities transported:

LTL freight	Petroleum	Haz. Mat.	Reefer Products
Dairy products	Livestock	Heavy Equipment	Steel
Lumber	Grain/Feed	Sand/Gravel	Household Goods

Circle States operated in:

AL	AR	AZ	CA	CO	CT	DE	FL	GA	IA	ID	IL	IN
KS	KY	LA	MA	ME	MD	MI	MN	MO	MS	MT	NE	NC
ND	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	SC	SD
TN	TX	UT	VA	VT	WA	WI	WV	WY				

### DRIVER SELECTION STANDARDS

Premium Best Transport, Inc. selection standards and requirements for hiring drivers include:

1. Must be at least 23 years old and have at least 24 months verifiable experience.
2. Must have CDL license.
3. Must be able to meet all applicable D.O.T. and company regulations.
4. Must have current D.O.T. physical or a physical will be scheduled for you.
5. Must pass pre-employment drug test.
6. Must have and maintain a neat, clean appearance.
7. Must have NO license suspensions for moving violations in the past 3 years.

The following tasks are required to perform the essential responsibilities of this position.

**Are you able to perform the following tasks:**

Get in and out of a semi truck?

Get in/out or on/off a semi trailer?

Get under units to perform duties, such as checking brakes and visual inspection of equipment?

Raise and lower trailer dollies when under a load?

Apply enough pressure to release the fifth wheel pin?

Sit stationary in a driver's seat for long periods of time?

Be on duty the maximum hours allowed by D.O.T. Hours of Service regulations?

**Discontinuation of the qualification process will be enforced if you fail the drug screen or falsify this application. I have read and agree to the statements presented above.**

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Signature

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Date

Are you 23 years or older? ☐ Yes ☐ No      Do you have a legal right to live and work in the U.S.? ☐ Yes ☐ No

Are you a US Citizen? ☐ Yes ☐ No      Have you ever been convicted of a Felony? ☐ Yes ☐ No

Are you familiar with the Motor Carrier Safety Regulation? ☐ Yes ☐ No

Do you have at least a total of 2 years of over the road experience or completed driving school with 1 year over the road experience? ☐ Yes ☐ No

Have you ever had your driver's license suspended? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you ever had your driver's license revoked? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you ever tested positive on a drug or alcohol test? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you ever refused a drug or alcohol test? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you worked ~~for~~ <sup>for</sup> PST? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you previously applied for employment with ~~PST~~ <sup>PST</sup>? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you ever been convicted of any alcohol related driving offense? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or other controlled substance? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

### LICENSE

List all drivers licenses held in the past three (3) years.

STATE	LICENSE NUMBER	CLASS/ENDORSEMENTS	EXPIRATION DATE

### TRAFFIC CITATIONS

Preventable and Non-preventable traffic convictions and forfeitures for the past three (3) years  
Truck and Car (other than parking violations; if none, write "none")

DATE	LOCATION (STATE)	CHARGE	PENALTY

### MOTOR VEHICLE ACCIDENTS

Motor Vehicle Accident Record for last 3 years. List all involvement with truck and car including property damage, regardless of fault (if none, write none)

DATE	TYPE VEHICLE	NATURE OF ACCIDENT	WHO WAS AT FAULT	FATALITIES	INJURIES

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES From / To	APPROX. NO. OF MILES (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor Two-Trailers			
Other			

To submit an application, you will need to account for the last ten (10) years of your activities.

You will need:

1. Company names, addresses, phone numbers, and name of person to contact.
2. All motor vehicle accidents or incidents listed that you have been involved in for the last three (3) years.
3. All tickets listed in all states and in all vehicles in the last three (3) years.
4. Beginning and ending dates of employment, self-employment or unemployment (month/year).

### EMPLOYMENT RECORD

Begin with your present or most recent job and work backward in order, listing your employers for the last ten (10) years including all driving and non-driving full- and part-time employment, self-employment, military service, and any periods of unemployment. Use another sheet of paper if necessary.

Are you presently employed? Yes ☐ No ☐ May we call your current employer? Yes ☐ No ☐

**Current/Most Recent Work History:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSR's? Yes ☐ No ☐

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ☐ No ☐

**Work History:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSR's? Yes ☐ No ☐

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ☐ No ☐

**Work History:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSR's? Yes ☐ No ☐

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ☐ No ☐

**Work History:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSR's? Yes ☐ No ☐

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ☐ No ☐

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**Work History:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSR's? Yes ☐ No ☐

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ☐ No ☐

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**Work History:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSR's? Yes ☐ No ☐

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ☐ No ☐

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**Work History:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Were you subject to the FMCSR's? Yes ☐ No ☐

Was Job Designated as a Safety Sensitive function in any DOT regulated mode subject to drug and alcohol testing as required by 49 CFR part 40? Yes ☐ No ☐

\*If you need additional space for previous employers please ask any ACT employee for assistance.

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**EDUCATION**

High School: 1 ☐ 2 ☐ 3 ☐ 4 ☐ College: 1 ☐ 2 ☐ 3 ☐ 4 ☐

List any other training or schools: \_\_\_\_\_

Truck Driving School: \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No When? \_\_\_\_\_

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**AFFIDAVIT**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report from a Consumer Reporting Agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the Consumer Reporting Agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

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

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

# DRIVER APPLICANT DRUG AND ALCOHOL PRE-EMPLOYMENT STATEMENT

*CFR Part 40.25(j) requires the employer to ask any applicant, whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol rules during the past two years. If the potential employee admits that he or she had a positive test or refusal to test, we must not use the employee to perform safety-sensitive functions, until and unless the potential employee provides documentation of successful completion of the return-to-duty process.*  
(See Section 40.25(b)(5) and (e).

Applicant Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Please Print)

As an applicant, applying to perform safety-sensitive functions for our company, you are required by CFR Part 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  
Yes ☐ No ☐
2. If you answered yes, to the above question, can you provide proof that you have successfully completed the DOT return-to-duty requirements?  
Yes ☐ No ☐

My signature below certifies that the information provided is true and correct.

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

This form is courtesy of:



*The Difference Is Service®*

Company Name \_\_\_\_\_

### FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
ID number



*MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS*

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP Online Service**

1. In connection with your application for employment with Premium Best Transport ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Prospective Employer to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Confidential Fax #: \_\_\_\_\_

## Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments  
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

## **SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION**

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here. ☐

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*   |                          |                          |

\* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

***Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.***

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Confidential Fax #: \_\_\_\_\_

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I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments  
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

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- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
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| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*   |                          |                          |

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**Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.**

# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Confidential Fax #: \_\_\_\_\_

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I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments  
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

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- |  | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|--|--------------------------|--------------------------|
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# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

Carrier Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Confidential Fax #: \_\_\_\_\_

## Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, *within the past three years*, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I \_\_\_\_\_, hereby authorize this company to release all records of employment, including assessments  
Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I worked for this company from the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

## **SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION**

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here. ☐

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any verified positive drug test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*   |                          |                          |

\* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

***Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.***

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# ALCOHOL AND/OR DRUG TEST NOTIFICATION

**Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.**

**§382.113 Requirement for notice.**

**Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.**

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

Driver/Applicant Name: \_\_\_\_\_  
(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the  
Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

2. Check type of test: ☐ Alcohol ☐ Controlled Substance

3. Check reason for test: ☐ Pre-employment ☐ Random ☐ Reasonable suspicion  
☐ Post-accident ☐ Return to duty ☐ Follow-up

4. Appointment instructions/comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand as a condition of my employment with this company, the above identified test is required.

\_\_\_\_\_  
Driver/Applicant's Signature Date

Witnessed by:

\_\_\_\_\_  
Company Representative Date