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APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Name:(First)	(Middle)	(Last)		
Current Address:					·
((Street)	(City)	(State, Zi	p)	How Long?
Previous Address(es	s):				
	(Street)	(City)	(State, Zi	p)	How Long?
	(Street)	(City)	(State, Zi	p)	How Long?
Phone #:()	Date of B	irth:	Social Security	#:	
Emergency Contact	Name:		Relation:		
			DI #	()	
Contact Address:	DRIVER'S		FORMATION	()	
State		LICENSE IN		Ex	piration Date
State	DRIVER'S License #	LICENSE IN	FORMATION Type	Ex	piration Date
State	DRIVER'S License #	LICENSE IN	FORMATION Type	Ex	piration Date
State //	DRIVER'S License # DRI	LICENSE IN // / VER EXPER	FORMATION Type	Ex] //	piration Date
State //	DRIVER'S License # DRI	LICENSE IN // / VER EXPER	FORMATION Type IENCE	Ex] //	piration Date
State //	DRIVER'S License # DRI	LICENSE IN // / VER EXPER	FORMATION Type IENCE	Ex] //	piration Date
State	DRIVER'S License # DRI	LICENSE IN // / VER EXPER	FORMATION Type IENCE	Ex] //	piration Date

Has any license, permit or privilege ever been suspended or revoked?

Yes No

If you answered yes to either of the above 2 questions, attach a statement of explanation



MS SAFETY PARTNERS

1280 MARK STREET

BENSENVILLE ILLINOIS 60106

AUTHORIZATION TO OBTAIN DRIVING RECORDS (MVR) REQURIED FOR EMPLOYMENT

DRIVERS FULL NAME:	EMPLOYER'S NAME:
ADDRESS:	EMPLOYER'S ADDRESS:
CITY, STATE, ZIP CODE:	EMPLOYER'S CITY, STATE, ZIP CODE:
DRIVER'S LICENSE NUMBER:	EMPLOYER'S CONTACT PERSON: PHONE:

Passan to parform Driving Passards Chasky	PRE-EMPLOYMENT
Reason to perform Driving Records Check: (You can check both fields	ANNUALDOTREQUIRED

I certify that I have authorized Master Safety, Inc. to perform my Driving Records (MVR) check as a requirement of employment at the company listed above.

This authorization should continue throughout the entire duration of my employment with the above company, so that Master Safety, Inc. can perform my Driving Records Check on an annual basis, as required by the U.S. Department of Transportation (DOT).

SIGNATURE

DATE

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with ______("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, 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 must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

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 authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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 NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

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TICKETS / ACCIDENTS / ETC.

Accident	Date	Description		# of Injuries / Fatalities
Record for				
Past 3 Yrs.				
Traffic	Location	Dat	e Char	ge Penalty
Convictions				
& Forfeiture	es			
for Past 3 Yı	`S			
		EMPLOYME	NT RECORD	
NOTE: DOT	requires employ			ience for past 10 years be shown.
Employer:			Employed From:_	To:
Address:				
Phone:	()	Supervisor:_		
	to the FMCSRs ignated as a safet	while employed? \Box Yes \Box No		drug & alcohol testing requirements
Employer:			Employed From:_	To:
Address:				
Phone:	()	Supervisor:_		
	ignated as a safet	Reason for A while employed? ☐ Yes ☐ No y sensitive function in any DOT r		drug & alcohol testing requirements
Employer:			Employed From:_	To:
Address:				
Phone:	()	Supervisor:_		
Position:		Reason for	Leaving:	
	ignated as a safet	while employed? □ Yes □ No y sensitive function in any DOT r		drug & alcohol testing requirements

SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOI	requi	res employmen	it for 3 years previous and/o	commercial driving experience f	or past 10 years be shown.
Employer:				Employed From:	To:
Address:					
Phone:	()	Supervisor:		
	t to the signate	fMCSRs while d as a safety set	e employed? \Box Yes \Box No	eaving:	
Employer:				Employed From:	To:
Address:					
Phone:	()	Supervisor:		
	t to the	FMCSRs whil d as a safety se	e employed? \Box Yes \Box No	gulated mode subject to the drug &	
Employer:				Employed From:	То:
Address:					
Phone:	(
Position: Were you subject Was your job des of 49 CFR Part 4	t to the signate	FMCSRs whil d as a safety se	e employed? \Box Yes \Box No	gulated mode subject to the drug &	
Employer:				Employed From:	To:
Address:					
Phone:	()	Supervisor:_		
	t to the	FMCSRs whil d as a safety se	e employed? \Box Yes \Box No	gulated mode subject to the drug &	
Employer:				Employed From:	To:
Address:					
Phone:	()	Supervisor:_		
Was your job des of 49 CFR Part 4	t to the signate 0? □ Y	FMCSRs whil d as a safety se Yes □ No	Reason for l e employed?	Leaving: gulated mode subject to the drug & eet to complete history.	

DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From:_____ To:_____

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual

I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of 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, health care 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 interviews 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 employers 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 the 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.

Signature:

Date: _____

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 and required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature	Date
Print Name	Social Security Number
Employer Witness	Company Name

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ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years? Yes No Have you ever tested positive for drugs or alcohol at any time in the last 2 years? Yes No Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied for but did not obtain? Yes No If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Print Name

Employer Witness

Date

Social Security Number

Company Name

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CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:		
Driver's License #:	State:	Exp. Date:
Driver's Signature:		Date:
Notes:		

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HOURS OF SERVICE RECORD FOR FIRST-TIME OR INTERMITTENT DRIVERS

Name:_____, S. S. #_____

Day	Total Time on Duty
1	
2	
3	
4	
5	
6	
7	
Total	

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was:

From: _____ To: _____

Signature

Date

This form is to be completed on the day before or day of driver's first dispatch.

CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above if the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	L	ocation	Type of Vehicle Operated
				forfeited bond or collateral on required to be listed during
Driver's license #:		State:	Exp. Date:	
Date of Certification		Driv	er's Signature	
Motor Carrier's Nam	ie	Motor Carri	er's Address	
Reviewed By: Signat	ure	Title		
Application of Employm	ent Prov	ided by Master Safety	Inc. 630-422-7497	Updated: August 1 st , 2013

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SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: TO BE COMPLE	TED BY PROSPECTIVE EMPLOYEE
I, (Print Name)	
I, (Print Name) First, M.I., Last	
	Herby authorize:
Previous Employer:	Telephone:
Street:	Fax No.:
City, State, Zip:	
To release and forward the information requested Testing records within the previous 3 years from _	by section 3 of this document concerning my Alcohol and Controlled Substance
	(date of employment application)
To: Safety Department Attn: Safety (630) 422-7494 – please fax to this n Phone: Prospective Employer:	umber
In compliance with §40.25(g) and 391.23(h), release such as fax, letter, or email.	ase of this information must be made in a written form that ensures confidentiality,
Applicant's Signature	Date
Section 2: TO BE CO	MPLETED BY PREVIOUS EMPLOYER
Section 2. TO be CO	ACCIDENT HISTORY
The applicant named above was employed by us.	
Employed from (m/y)	to (m/v)
	s \Box No If yes, what type? \Box Straight Truck \Box Tractor Trailer
2. Reason for leaving your employ: □ Discharge	
If there is no safety performance history to report,	
1 6	by accidents included on your accident register ($\$390.15(b)$ that involved the te shown above, or check here \Box if there is no accident register data for this driver.
Date Location 1.	No of Injuries No of Fatalities Hazmat Spill
2	
	accidents involving the applicant that were reported to government agencies or es:
Signature:	Title: Date:
	MPLETED BY PREVIOUS EMPLOYER
I	DRUG AND ALCOHOL HISTORY

Application of Employment

Provided by Master Safety, Inc. 630-422-7497

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If driver was not subject to DOT testing requirements while employed by this employer pl employment from (m/y) to (m/y) , complete bottom of Section 3, Driver was subject to DOT testing requirements from (m/y) to (m/y) to (m/y)	sign, and return.		the dates of
		YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?			
2. Has this person tested positive or adulterated or substituted a test specimen for controlle	ed substances?		
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or f controlled substance test?	ollow up		
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?5. If this person has violated a DOT drug & alcohol regulation, did this person complete a rehabilitation program in your employ, including return-to-duty and follow-up tests? If			
documentation with this form.6. For a driver who successfully completed a SAP's rehabilitation referral and remained in did this driver subsequently have an alcohol test result of 0.04 or greater, a verified posit			
or refuse to be tested?			
In answering these questions, include any required DOT drug or alcohol testing information in the previous 3 years prior to the application date shown in Section 1. Name:			
Company:			
Street: City:	State:	Zip:	
Section 3 completed by (Signature)	Date:		
Section 4 TO BE COMPLETED BY [COMPANY]			
1 st Attempt			
This form was (check one) \Box Faxed to previous employer \Box Mailed	□ Other		
By: Date:			
2 nd Attempt			
This form was (check one) \Box Faxed to previous employer \Box Mailed	□ Other		
By: Date:			
3 rd Attempt			
This form was (check one) \Box Faxed to previous employer \Box Mailed	□ Other		
By: Date:			
Information was received by: \Box Fax \Box Mail \Box Other			
Date received:			
SAFETV PERFORMANCE HISTORY RECO		TEST	

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I (Print Name)						
I, (Print Name)	t, M.I., Last		Socia	al Security Numb	ber	Date of Birth
		Herb	y authorize:			
Previous Employer:				Tele	phone:	
Street:				Fax	No.:	
City, State, Zip:						
To release and forward the inf Testing records within the pre	formation requested by vious 3 years from	y section 3 of (date of en	f this document c	oncerning my	Alcohol an	d Controlled Substance
To: Safety Department Attn: Safety (630) 422-7494 - Phone: Prospective Employer:	- please fax to this nu	mber				
In compliance with §40.25(g) such as fax, letter, or email.	and 391.23(h), releas	e of this info	rmation must be	made in a wri	tten form the	at ensures confidentiality,
Applicant's Signature					Date	
Section 2:	TO BE CON) BY PREVIO		LOYER	
			NT HISTOR	Y		
The applicant named above w						
Employed from (m/y)		_to (m/y)				
 Did he/she drive motor veh □ Other (Specify)	•			[•] □ Straight	Truck	□ Tractor Trailer
2. Reason for leaving your en If there is no safety performan		•	•		lilitary Duty	
ACCIDENTS: Complete applicant in the 3 years prior t			-	-		
Date	Location		No of Inj	uries No c	of Fatalities	Hazmat Spill
1					<u> </u>	
2						
3 Please provide information co insurers or retained under inte						
Signature:		Т	îitle:		Date: _	
Section 3:	TO BE CON	APLETED) BY PREVIO	DUS EMPI	LOYER	
	D	RUG AND	ALCOHOL	HISTORY		
Application of Employment	Provide	ed by Master	Safety, Inc. 630-	422-7497		Updated: August 1 st , 2013

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If driver was not subject to DOT testing requirements while employed by this employer p employment from (m/y) to (m/y) complete bottom of Section 3 Driver was subject to DOT testing requirements from (m/y) to (m/y) to (m/y)	, sign, and return.		the dates of
		YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?			
2. Has this person tested positive or adulterated or substituted a test specimen for controll	ed substances?		
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or a controlled substance test?	follow up		
 Has this person committed other violations of Subpart B of Part 382 or Part 40? If this person has violated a DOT drug & alcohol regulation, did this person complete a rehabilitation program in your employ, including return-to-duty and follow-up tests? I 			
documentation with this form.6. For a driver who successfully completed a SAP's rehabilitation referral and remained in did this driver subsequently have an alcohol test result of 0.04 or greater, a verified position of the second second			
or refuse to be tested?			
In answering these questions, include any required DOT drug or alcohol testing information in the previous 3 years prior to the application date shown in Section 1. Name:			
Company:			
Street: City:	State:	Zip:	
Section 3 completed by (Signature)	Date:		
Section 4 TO BE COMPLETED BY [COMPANY]			
1 st Attempt			
This form was (check one) \Box Faxed to previous employer \Box Mailed	□ Other		
By: Date:			
2 nd Attempt			
This form was (check one) \Box Faxed to previous employer \Box Mailed	□ Other		
By: Date:			
3 rd Attempt			
This form was (check one) \Box Faxed to previous employer \Box Mailed	□ Other		
By: Date:			
Information was received by: \Box Fax \Box Mail \Box Other			
Date received:			

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SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1:	TO BE COMPLETI	ED BY PROSI	PECTIVE EM	IPLOYEE	
L (Print Name)					
i, (i init i tunit)	First, M.I., Last		Social Securit	y Number	Date of Birth
		Herby authority			
Previous Employer:				Telephone:	
Street:				Fax No.:	
City, State, Zip:					
To release and forward to Testing records within the	the information requested by he previous 3 years from	section 3 of this d	ocument concern	ing my Alcohol an	d Controlled Substance
Attn: Safety (630) 422 Phone: (630)422-7497 Prospective Employer:	-7494 - please fax to this nun	iber	nent application)		
In compliance with §40. such as fax, letter, or em	25(g) and 391.23(h), release nail.	of this informatio	n must be made in	n a written form the	at ensures confidentiality,
Applicant's Sig	-	-		Date	
Section 2:		PLETED BY		EMPLOYER	
The employed ab		ACCIDENT H	IISTORY		
		□ Yes □ No			
Employed from (m/y) _	1	to (m/y)		-	
	or vehicle for you?	-	what type? 🗆 Str	raight Truck	□ Tractor Trailer
	our employ: Discharged		□ Lay Off	□ Military Duty	
If there is no safety perf	formance history to report, ch	eck here □, sign l	below & return.		
	nplete the following for any a prior to the application date s		•		
Date	Location		No of Injuries	No of Fatalities	Hazmat Spill
1					
2					
3					
Please provide informat	ion concerning any other acc er internal company policies:		ne applicant that w	vere reported to go	vernment agencies or
Signature:		Title:		Date:	
-					

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Section 3: TO E	BE COMPLETED BY				
	DRUG AND ALC	COHOL HIST	ORY		
If driver was not subject to DOT testing re employment from (m/y) to (n Driver was subject to DOT testing required					n the dates of
Driver was subject to DOT testing require	ments from (m/y)	_ to (m/y)	·	YES	NO
1. Has this person had an alcohol test with	a result of 0.04 or higher?				
2. Has this person tested positive or adulte	erated or substituted a test sp	ecimen for control	lled substances?		
3. Has this person refused to submit to a p controlled substance test?	ost accident, random, reason	able suspicion, or	follow up		
 Has this person committed other violati If this person has violated a DOT drug rehabilitation program in your employ, 	& alcohol regulation, did this	s person complete			
documentation with this form.6. For a driver who successfully completed did this driver subsequently have an alcompleted did this driver subsequently have an alcomplet					
or refuse to be tested?					
In answering these questions, include any in the previous 3 years prior to the application of the applicatio			ion obtained from	prior pr	evious employers
Name:	Telepho	one:			
Company:					
Street:	City:		State:	Zip: _	
Section 3 completed by (Signature)			Date:		
Section 4 TO H	BE COMPLETED BY	[COMPANY]			
1 st Attempt					
This form was (check one) \Box Faxe	d to previous employer	□ Mailed	□ Other		-
Ву:		Date:			
2 nd Attempt					
This form was (check one) \Box Faxe	d to previous employer	□ Mailed	□ Other		
By:		Date:			
3 rd Attempt					
This form was (check one) \Box Faxe	d to previous employer	□ Mailed	□ Other		-
By:		Date:			
Information was received by: \Box Fa	ax 🗆 Mail	□ Other			
Date received:					

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SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Section 1: 7	O BE COMPLET	ED BY PROS	PECTIVE EM	IPLOYEE	
I. (Print Name)					
I, (Print Name)	irst, M.I., Last		Social Securit	y Number	Date of Birth
		Herby auth	orize:		
Previous Employer:					
Street:				Fax No.:	
To release and forward the in Testing records within the pr	nformation requested by revious 3 years from	v section 3 of this c (date of employn	locument concern nent application)	ing my Alcohol an	d Controlled Substance
Attn: Safety (630) 422-7494 Phone: (630)422-7497 Prospective Employer:					
In compliance with §40.25(g such as fax, letter, or email.	g) and 391.23(h), release	of this informatio	n must be made i	n a written form tha	at ensures confidentiality,
Applicant's Signatu		_		Date	
Section 2:		IPLETED BY		EMPLOYER	
The applicant named above					
Employed from (m/y)		to (m/y)		-	
 Did he/she drive motor ve □ Other (Specify) 	ehicle for you? □ Yes	•	what type? \Box St	raight Truck	□ Tractor Trailer
2. Reason for leaving your e			□ Lay Off	□ Military Duty	
If there is no safety performa	ance history to report, cl	neck here □, sign	pelow & return.		
ACCIDENTS: Complete applicant in the 3 years prior	• •		•		
Date	Location		No of Injuries	No of Fatalities	Hazmat Spill
1					
2					
3 Please provide information of insurers or retained under in		-		vere reported to go	-
Signature:		Title: _		Date:	
Section 3: Application of Employment		IPLETED BY d by Master Safety			Updated: August 1 st , 2013

DRUG AND ALCOHOL HISTORY

If driver was not subject to DOT testing requirements while employed by this employer please check here employment from (m/y) to (m/y) complete bottom of Section 3, sign, and return Driver was subject to DOT testing requirements from (m/y) to (m/y) complete bottom.	n.	
	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?		
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?		
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?		
 Has this person committed other violations of Subpart B of Part 382 or Part 40? If this person has violated a DOT drug & 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 sentences are also been appreciated on the sentence of th		
documentation with this form.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?		
In answering these questions, include any required DOT drug or alcohol testing information obtained from in the previous 3 years prior to the application date shown in Section 1. Name: Telephone: Company:		
Street: City:	Zip: _	
Section 3 completed by (Signature) Date:		
Section 4 TO BE COMPLETED BY [COMPANY]		
1 st A 440-mmt		
1 st Attempt		
This form was (check one) \Box Faxed to previous employer \Box Mailed \Box Other		
This form was (check one) \Box Faxed to previous employer \Box Mailed \Box Other		
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