

## APPLICATION FOR EMPLOYMENT

### APPLICANT INFORMATION

<b>Name:</b> _____			
(First)	(Middle)	(Last)	
<b>Current Address:</b> _____			
(Street)	(City)	(State, Zip)	How Long?
<b>Previous Address(es):</b> _____			
(Street)	(City)	(State, Zip)	How Long?
_____			
(Street)	(City)	(State, Zip)	How Long?
<b>Phone #:</b> (____) _____ <b>Date of Birth:</b> _____ <b>Social Security #:</b> _____			
<b>Emergency Contact Name:</b> _____ <b>Relation:</b> _____			
<b>Contact Address:</b> _____ <b>Phone #:</b> (____) _____			

### DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____

### DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
<b>If you answered yes to either of the above 2 questions, attach a statement of explanation</b>		



MS SAFETY PARTNERS  
1280 MARK STREET  
BENSENVILLE ILLINOIS 60106

Ph. 630-422-7497  
Fax. 630-422-7494  
E-mai: Info@safetypartners.org

**AUTHORIZATION TO OBTAIN DRIVING RECORDS (MVR) REQUIRED FOR EMPLOYMENT**

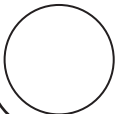
<b>DRIVERS FULL NAME:</b>	<b>EMPLOYER'S NAME:</b>
<b>ADDRESS:</b>	<b>EMPLOYER'S ADDRESS:</b>
<b>CITY, STATE, ZIP CODE:</b>	<b>EMPLOYER'S CITY, STATE, ZIP CODE:</b>
<b>DRIVER'S LICENSE NUMBER:</b>	<b>EMPLOYER'S CONTACT PERSON:</b> <b>PHONE:</b>

**Reason to perform Driving Records Check:**            **PRE-EMPLOYMENT**  
(You can check both fields)            **ANNUAL—DOT—REQUIRED**

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**

**TICKETS / ACCIDENTS / ETC.**

<b>Accident</b>	<b>Date</b>	<b>Description</b>	<b># of Injuries / Fatalities</b>	
<b>Record for</b>	_____	_____	_____	
<b>Past 3 Yrs.</b>	_____	_____	_____	
<b>Traffic</b>	<b>Location</b>	<b>Date</b>	<b>Charge</b>	<b>Penalty</b>
<b>Convictions</b>	_____	_____	_____	_____
<b>&amp; Forfeitures</b>	_____	_____	_____	_____
<b>for Past 3 Yrs.</b>	_____	_____	_____	_____

**EMPLOYMENT RECORD**

**NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.**

<b>Employer:</b>	_____	<b>Employed From:</b>	_____	<b>To:</b>	_____
<b>Address:</b>	_____				
<b>Phone:</b>	(____) _____	<b>Supervisor:</b>	_____		
<b>Position:</b>	_____	<b>Reason for Leaving:</b>	_____		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Employer:</b>	_____	<b>Employed From:</b>	_____	<b>To:</b>	_____
<b>Address:</b>	_____				
<b>Phone:</b>	(____) _____	<b>Supervisor:</b>	_____		
<b>Position:</b>	_____	<b>Reason for Leaving:</b>	_____		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Employer:</b>	_____	<b>Employed From:</b>	_____	<b>To:</b>	_____
<b>Address:</b>	_____				
<b>Phone:</b>	(____) _____	<b>Supervisor:</b>	_____		
<b>Position:</b>	_____	<b>Reason for Leaving:</b>	_____		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

### SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

Were you subject to the FMCSRs while employed?  Yes  No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**If more space is needed please request another sheet 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 are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

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**Applicant's Signature**

---

**Date**

---

**Print Name**

---

**Social Security Number**

---

**Employer Witness**

---

**Company Name**



## 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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Employer Witness**

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

## 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: \_\_\_\_\_

**HOURS OF SERVICE RECORD  
FOR FIRST-TIME OR INTERMITTENT DRIVERS**

Name: \_\_\_\_\_, S. S. # \_\_\_\_\_

<b>Day</b>	<b>Total Time on Duty</b>
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
<b>Total</b>	_____

**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.**



### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_  
First, M.I., Last Social Security Number Date of Birth

Herby authorize:

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To: Safety Department  
Attn: Safety (630) 422-7494 – please fax to this number  
Phone:  
Prospective Employer:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER  
ACCIDENT HISTORY**

The applicant named above was employed by us.  Yes  No

Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor Trailer  
 Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ:  Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here , sign below & return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER  
DRUG AND ALCOHOL HISTORY**

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of 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) \_\_\_\_\_.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. 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 send documentation with this form.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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 in Section 1.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4 TO BE COMPLETED BY [COMPANY]**

**1<sup>st</sup> Attempt**

This form was (check one)  Faxed to previous employer  Mailed  Other \_\_\_\_\_

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

**2<sup>nd</sup> Attempt**

This form was (check one)  Faxed to previous employer  Mailed  Other \_\_\_\_\_

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

**3<sup>rd</sup> Attempt**

This form was (check one)  Faxed to previous employer  Mailed  Other \_\_\_\_\_

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

Information was received by:  Fax  Mail  Other \_\_\_\_\_

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

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_  
First, M.I., Last Social Security Number Date of Birth

Herby authorize:

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To: Safety Department  
Attn: Safety (630) 422-7494 - please fax to this number  
Phone:  
Prospective Employer:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

The applicant named above was employed by us.  Yes  No

Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor Trailer  
 Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ:  Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here , sign below & return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER  
DRUG AND ALCOHOL HISTORY**

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of 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) \_\_\_\_\_.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. 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 send documentation with this form.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
<p>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 in Section 1.</p> <p>Name: _____ Telephone: _____</p> <p>Company: _____</p> <p>Street: _____ City: _____ State: _____ Zip: _____</p> <p>Section 3 completed by (Signature) _____ Date: _____</p>		
<p><b>Section 4 TO BE COMPLETED BY [COMPANY]</b></p>		

**1<sup>st</sup> Attempt**

This form was (check one)  Faxed to previous employer  Mailed  Other \_\_\_\_\_

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

**2<sup>nd</sup> Attempt**

This form was (check one)  Faxed to previous employer  Mailed  Other \_\_\_\_\_

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

**3<sup>rd</sup> Attempt**

This form was (check one)  Faxed to previous employer  Mailed  Other \_\_\_\_\_

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

Information was received by:  Fax  Mail  Other \_\_\_\_\_

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



### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_  
First, M.I., Last Social Security Number Date of Birth

Herby authorize:

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

Attn: Safety (630) 422-7494 - please fax to this number  
Phone: (630)422-7497  
Prospective Employer:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or email.

\_\_\_\_\_  
Applicant's Signature Date

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

#### ACCIDENT HISTORY

The applicant named above was employed by us.  Yes  No

Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor Trailer  
 Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ:  Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here , sign below & return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER  
DRUG AND ALCOHOL HISTORY**

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of 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) \_\_\_\_\_.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. 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 send documentation with this form.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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 in Section 1.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4 TO BE COMPLETED BY [COMPANY]**

**1<sup>st</sup> Attempt**

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

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Information was received by:  Fax  Mail  Other \_\_\_\_\_

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

### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

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First, M.I., Last Social Security Number Date of Birth

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

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Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

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 Other (Specify) \_\_\_\_\_

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**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

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Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4 TO BE COMPLETED BY [COMPANY]**

**1<sup>st</sup> Attempt**

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

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**3<sup>rd</sup> Attempt**

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

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