

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

**Carrier Name:** JUSTMAN FREIGHT LINES INC **Contact Person:** JULIE WAGNER

**Address:** 4855 S ROBERT TRAIL **City, State, Zip:** EAGAN, MN 55123

**Phone #:** 651-423-1020 **Confidential Fax #:** 651-423-1236

## *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.

	<b>YES</b>	<b>NO</b>
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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## **SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION**

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	HazMat. Spill?	# of Fatalities?	# of Injuries?

## **SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION**

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

➤ If employed as a driver, what type of equipment did he/she operate?

Straight Trucks  Tractor/Trailer  Doubles  Triples  Other

Explain: \_\_\_\_\_

Type of trailer(s) pulled: \_\_\_\_\_

Was he /she a: Company Driver? Yes  No  Contractor? Yes  No

Contractor's Driver? Yes  No  Other? Yes  No

General area traveled: \_\_\_\_\_ Commodities transport: \_\_\_\_\_

➤ While under your employment was he/she:

a. Bonded: Yes  No

b. Convicted of any traffic violations: Yes  No

If yes, please list all, including date and type: \_\_\_\_\_

c. License(s) suspended, revoked or denied: Yes  No

If yes, please explain: \_\_\_\_\_

➤ Reason for leaving: \_\_\_\_\_

➤ Would you re-employ this person: Yes  No  Upon Review

Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### **Previous Employer Representative Supplying Information:**

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Signature Date

*Please remember to retain a copy for your records; your timely response is appreciated.*