

DRIVER'S APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Applicant's Name _____ Date of Application _____
(print)

ON TIME DELIVERY, INC.
RJ Casey Industrial Park
1800 Preble Avenue
Pittsburgh, PA 15233

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of On Time Delivery, Inc.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that, within 30 days of employment or the denial of employment, I have the right to:

- Request in writing of On Time Delivery, Inc. the right to review information provided by 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 _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency **for the past 3 years.**

Current Address _____
Street City State Zip Code

Phone _____ Cellular/other phone # _____ How Long? _____
yr./mo.

Previous Addresses

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

_____ How Long? _____
Street City State & Zip Code yr./mo.

If you are under 18 and it is required, can you furnish a work permit? _____

If **no**, please explain: _____

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Date available for work ____/____/____ Rate of pay expected _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Who referred you? _____

Are you able to perform the essential functions of the job for which you are applying (as described in the attached job description) with or without reasonable accommodation?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about this job's "essential" functions" to respond

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? _____

If **yes**, please provide date(s) and details: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on **all employers during the preceding 3 years**. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall **also provide an additional 7 years (10 years total) information on those employers for whom the applicant operated a vehicle.**
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATES	
Name	Phone	From Mo. Yr.	To Mo. Yr.
Address		Position	
City	State Zip	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate Supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	Commission/Bonus/Other Compensation \$ per	
		Compensation (Final)	
Summarize the type of work performed and job responsibilities		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
		Commission/Bonus/Other Compensation \$ per	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATES	
Name	Phone	From Mo. Yr.	To Mo. Yr.
Address		Position	
City	State Zip	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate Supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	Commission/Bonus/Other Compensation \$ per	
		Compensation (Final)	
Summarize the type of work performed and job responsibilities		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
		Commission/Bonus/Other Compensation \$ per	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATES	
Name	Phone	From Mo. Yr.	To Mo. Yr.
Address		Position	
City	State Zip	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate Supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	Commission/Bonus/Other Compensation \$ per	
		Compensation (Final)	
Summarize the type of work performed and job responsibilities		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
		Commission/Bonus/Other Compensation \$ per	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATES	
Name	Phone	From Mo. Yr.	To Mo. Yr.
Address		Position	
City	State Zip	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate Supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ per	
		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
		Commission/Bonus/Other Compensation \$ per	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATES	
Name	Phone	From Mo. Yr.	To Mo. Yr.
Address		Position	
City	State Zip	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate Supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ per	
		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
		Commission/Bonus/Other Compensation \$ per	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATES	
Name	Phone	From Mo. Yr.	To Mo. Yr.
Address		Position	
City	State Zip	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Immediate Supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ per	
		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
		Commission/Bonus/Other Compensation \$ per	
WERE YOU SUBJECT TO THE FMCSRs † WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Reason for Leaving	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATE(S)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____
- _____
- _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
			FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – TWO TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR – THREE TRAILERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH – SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	MORE THAN 8 PASSENGERS			
MOTORCOACH – SCHOOL BUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	MORE THAN 15 PASSENGERS			
STEP-VAN	<input type="checkbox"/> YES <input type="checkbox"/> NO	-----			
SPRINTER VAN	<input type="checkbox"/> YES <input type="checkbox"/> NO	-----			
CARGO VAN	<input type="checkbox"/> YES <input type="checkbox"/> NO	-----			
OTHER					

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATIONAL BACKGROUND

STARTING WITH YOUR MOST RECENT SCHOOL ATTENDED, PROVIDE THE FOLLOWING INFORMATION.

SCHOOL (include City & State)	Years Completed	COMPLETED	GPA	MAJOR/MINOR
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

On Time Delivery, Inc. does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. On Time Delivery, Inc. likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. On Time Delivery, Inc. takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ 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, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

AUTHORIZATION

I HEREBY CONSENT TO AUTHORIZE ANY PERSON, CORPORATION OR OTHER ENTITY TO RESPOND TO REQUESTS BY ON TIME DELIVERY, INC. OR ITS REPRESENTATIVES FOR INFORMATION ABOUT ME, INCLUDING, BUT NOT LIMITED TO, INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING AND CRIMINAL RECORD OF CONVICTIONS FOR MISDEMEANORS AND FELONY CHARGES. I HEREBY ACKNOWLEDGE THAT, PURSUANT TO THIS AUTHORIZATION, ON TIME DELIVERY, INC. INTENDS TO REQUEST A CONSUMER INVESTIGATIVE REPORT WHICH WILL CONTAIN SOME OR ALL OF THE TYPES OF INFORMATION ABOUT ME AS DESCRIBED ABOVE.

I HEREBY AGREE AND STIPULATE THAT A COPY OF THIS SIGNED AUTHORIZATION SHALL HAVE THE SAME FORCE AND EFFECT AS THE SIGNED ORIGINAL OF THIS AUTHORIZATION

DATED: _____

SIGNATURE

PRINT NAME

SOCIAL SECURITY NO.

DRIVER'S LICENSE NO.

DATE OF BIRTH

COUNTY

ADDRESS

CITY

STATE, ZIP

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

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 involving only parking) of which the driver has been convicted, or on account of which he/she 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 on this form.

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/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

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.

(If you have had no violations, check the following box – None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Date _____
 Signature _____ Title _____
 Printed Name _____

ON TIME DELIVERY, INC. **1800 PREBLE AVE, PITTSBURGH, PA 15233**
 Motor Carrier Name Motor Carrier Address

SIDE 1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ Social Security Number _____
 hereby authorize: _____ Date of Birth _____

Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (date of employment application)

To:
 Prospective Employer: ON TIME DELIVERY, INC.
 Attention: DAVID LIDDELL Telephone: 412-231-4813
 Street: 1800 PREBLE AVENUE
 City, State, Zip: PITTSBURGH, PA 15233

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, email, or letter.

Prospective employer's confidential fax number: 412-231-4987
 Prospective employer's confidential email address: OTDPGH@AOL.COM

 Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No
 Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples 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 and 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: _____

Any other remarks: _____

Signature: _____
 Title: _____ Date: _____

SIDE 2

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____ .

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<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 alcohol or 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 and 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 back 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"/>

- 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
- 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 alcohol or controlled substance test?
- 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 and 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 back 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 prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____
Company: _____
Street: _____
City, State, Zip: _____ Telephone: _____
Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____
By: _____ Date: _____

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.
Information received from: _____
Recorded by: _____ Method: Fax Mail Email Telephone
Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- SIDE 1 SECTION 1: Prospective Employee**
 - Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- SIDE 2 SECTION 3: Previous Employer**
 - Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- SIDE 2 SECTION 4a: Prospective Employer**
 - Complete the information
 - Send to Previous Employer
- SIDE 2 SECTION 4b: Prospective Employer**
 - Record receipt of the information
 - Retain the form
- SIDE 1 SECTION 2: Previous Employer**
 - Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3