



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

INSTRUCTIONS: Prospective Employee, complete Section 1. One sheet for each previous employer listed on application.

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
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I, (Print Name) _____, Social Security Number _____ - _____ - _____
(First, Middle Initial, Last Name)

Hereby Authorize:

Previous Employer: _____ Email: _____
Address: _____ Phone: _____
City, State, Zip _____ Fax: _____

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

TO:

U.S. Special Delivery, Inc.
ATTN: Safety Department, 906-774-1931 Confidential Fax number: 906-774-2352
P.O. Box 207 Confidential e-mail Address: Safety@usspecial.com
Iron Mountain, MI 49801

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, e-mail, or letter.

Date Print Name (applicant) Signature (applicant)

SECTION 2	TO BE COMPLETED BY PREVIOUS EMPLOYER
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EMPLOYMENT & ACCIDENT HISTORY

The applicant named above was employed by us. Yes No The applicant was employed as a _____
_____ from _____ to _____
(Position) (Month / Year) (Month / Year)

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck
 Tractor / Trailer Bus Cargo Tank Doubles/Triples Other, _____
2. Reason for leaving your employ: Discharged Resignation Lay off Military Duty
3. Would you re-hire driver? Yes No Reason: _____
4. Did applicant have any Non-DOT related accidents? Yes No If marked YES, how many? _____

If there is no DOT 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	Injuries	Number of Fatalities	HAZ Spills
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Date: _____ Signature: _____ Title: _____

Side One

SECTION 3:**TO BE COMPLETED BY PREVIOUS EMPLOYER****CONTROLLED SUBSTANCE/ALCOHOL TESTING 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 _____ to _____, complete bottom of Section 3, sign and return.
 Driver was subject to DOT testing requirements from _____ to _____.

- | Has This Person; | Yes | NO |
|---|-------|-------|
| 1. Had an alcohol test with a result of 0.04 or higher alcohol concentration? | _____ | _____ |
| 2. Tested positive or adulterated or substituted a test specimen for controlled substances? | _____ | _____ |
| 3. Refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substance test? | _____ | _____ |
| 4. 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 include information when returning 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 .04 or greater, a verified positive drug test, or refuse to be tested? | _____ | _____ |

Name: _____ Address _____
 City, State, Zip _____ Telephone _____

Completed by (Signature): _____ DATE: _____

SECTION 4a:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (Check one) Faxed Mailed E-mailed other _____, to previous employer.

By: _____ Date: _____ Central time: _____

This form was (Check one) Faxed Mailed E-mailed other _____, to previous employer.

By: _____ Date: _____ Central time: _____

This form was (Check one) Faxed Mailed E-mailed other _____, to previous employer.

By: _____ Date: _____ Central time: _____

SECTION 4b:**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained:

Information received from: _____

Recorded by: _____ Date: _____

Method: Fax Mail E-mail Telephone Other _____



PO Box 207, Iron Mountain, MI 49801
 800-821-6389, Fax 906-774-2032
 www.usspecial.com

Side Two