

**O.T.R.A. TRUCKING, INC.**

**3550 N. MAIN ST.**

**CLEBURNE, TX. 76033**

**PHONE: (817) 993-0727 FAX: (817) 953-7570**

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**COMMERCIAL DRIVER APPLICATION**

**FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED - PRINT OR TYPE**

.....  
Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CDL# \_\_\_\_\_ STATE: \_\_\_\_\_ DATE ISS: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE EXP: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER LICENSE AUDIT# \_\_\_\_\_ (or send copy of CDL with Application)

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**If your above address is less than 3 years continue listing them below for a 3 year period:**

1. Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

.....  
2. Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

.....  
3. Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

.....  
*Use separate sheet for additional addresses*

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**Driver's License Information: All licenses held, last 3 years:**

State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Exp Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Exp Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Exp Date \_\_\_\_\_

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**Experience:**

_____ to _____		
Type of vehicle driven	Dates	Approximate Mileage Driven
_____ to _____		
Type of vehicle driven	Dates	Approximate Mileage Driven
_____ to _____		
Type of vehicle driven	Dates	Approximate Mileage Driven

**All Accidents, last 3 years: (if none, write NONE)**

Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

Date: \_\_\_\_\_ Describe: \_\_\_\_\_ Fatalities: \_\_\_\_\_ Injuries: \_\_\_\_\_

**List all Traffic violations Convictions, last 3 years: (if none, write NONE)**

Yes / No

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Vehicle: \_\_\_\_\_

**Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?**

Yes  No if yes; state of issuance; explanation: \_\_\_\_\_

**Employment History, last 10 years (383.35)-account for gaps between employers: (if owner/operator, list carriers leased to)**

1) Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Fax: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

**3) Employer:** \_\_\_\_\_ **Dates: From** \_\_\_\_\_ **To** \_\_\_\_\_

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

**Supervisor:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

**4) Employer:** \_\_\_\_\_ **Dates: From** \_\_\_\_\_ **To** \_\_\_\_\_

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

**Supervisor:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

**5) Employer:** \_\_\_\_\_ **Dates: From** \_\_\_\_\_ **To** \_\_\_\_\_

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

**Supervisor:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR Part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for Leaving: \_\_\_\_\_

***Use separate sheet for additional employers***

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j)**

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

**Certification**

**“I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.”**

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date Signed**

**TO BE COMPLETED BY EMPLOYER:**

**Application received by:**

**Application reviewed for completeness by:**

**Name**

**Name**

**Title**

**Date**

**Title**

**Date**

**SIGNIFICANT DATES:**

**DATE OF HIRE:**

**TIME & DATE OF PRE-EMPLOYEMENT CST:**

**TIME & DATE OF PRE-EMPLOYEMENT CST RESULTS RECEIVED:**

**DATE FIRST USED IN SAFETY SENSITIVE POSITION:**

**DATE OF TERMINATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Declaration of Employment Status

**“I understand that I must provide my employer with my employment status for the proceeding 3 years. My employment application does not proved explanation of my employment status through the following dates:**

**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 vehicle.

“I hereby state that this information is true and correct. I understand that any false or fraudulent statements made here may result in immediate termination of employment or contract.

Signature:

Date:

**O.T.R.A. TRUCKING, INC.**

**BACKGROUND INVESTIGATION AUTHORITY**

I hereby authorize **O.T.R.A. TRUCKING, INC.** or its agent or affiliates, O.T.R.A. Roadside Services, Inc., or Goodhire, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her finishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of these information by the appropriate agencies to the investigating service. I understand this may include a worker's compensation claims search after a conditional job offer as been made. I also understand I may be required to take a drug test before or during employment.

**PLEASE PRINT CLEARLY**

**Full Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Other Names or SSN Used:** \_\_\_\_\_

**Current Street Address:** \_\_\_\_\_ **Apt.:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Driver's License#:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **\*DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*DOB is optional and is only used for identification purposes in screening inquiries.*

**LIST ALL ADDRESSES FOR PAST 7 YEARS** ( **Check here if more on reverse or resume attached**)

_____	_____	_____	_____	<b>DATES:</b> _____ - _____
Street Address	City	State	Zip	From To

_____	_____	_____	_____	<b>DATES:</b> _____ - _____
Street Address	City	State	Zip	From To

**MAY WE CONTACT YOUR CURRENT EMPLOYER?**  **Yes**  **No**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  **Yes**  **No**

*This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse or on separate sheet of paper.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTICE TO USERS OF CONSUMER REPORTS: OBLIGATIONS OF USERS UNDER THE FCRA Users Must Have a Permissible Purpose: For employment purposes, including hiring and promotion decisions, where the consumer has given written permission. Sections 604(a)(3)(B) and 604(b) or When there is a legitimate business need, in connection with a business transaction that is initiated by the consumer. Section 604(a)(3)(F)(i)

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company.

**Yes - Please provide report copy in accordance with applicable law – \_\_\_\_\_ (Please Initial)**

**For Company Office Use Only:**

The screening will be conducted by an outside agency: Inflection Risk Solutions, LLC d/ b/a GoodHire – Address: P.O. Box 391403 Omaha, NE 68139 | Phone: 1- 888-906- 7351 | Fax: 650-362-1933 | Email: support@goodhire.com. For information about GoodHire’s privacy practices, visit <https://www.goodhire.com>.

Client Reference# \_\_\_\_\_ Date Requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**APPLICANT SKILLS:**

CHECK THOSE SKILLS THAT YOU HAVE. LIST ANY OTHER SKILLS THAT MAYBE USEFUL FOR THE JOB YOU ARE SEEKING. ENTER THE NUMBER OF YEARS EXPERIENCE, AND ENTER THE NUMBER WHICH COORESponds TO YOUR ABILITY FOR EACH PARTICULAR SKILL. (1. REPRESENTS POOR ABILITY WHILE 5. REPRESENTS EXCEPTIONAL ABILITY.)

SKILL	YEARS OF EXPERIENCE	RATING
<input type="checkbox"/> CUSTOMER SERVICE	_____	_____
<input type="checkbox"/> PNEUMATIC TRAILER EXPERIENCE	_____	_____
<input type="checkbox"/> OIL FIELD EXPERIENCE	_____	_____
<input type="checkbox"/> MANUEL AND/OR E-LOGS	_____	_____
<input type="checkbox"/> KEEP TRUCKING APP	_____	_____
<input type="checkbox"/> BASIC MECHANIC SKILLS	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

**EMERGENCY CONTACT:**

WHO SHOULD BE CONTACTED IN THE EVENT OF AN EMERGENCY?

CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALT PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**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 **O.T.R.A. TRUCKING, INC.** ("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 decisions 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 the 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 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 **O.T.R.A. TRUCKING, INC.** ("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 the 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.

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
I, (Print Name): _____	
First	M.I. Last
Suffix 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 _____ (employment application date)	
To:	Prospective Employer: <u>O.T.R.A. TRUCKING, INC.</u>
	Attention: <u>SAFETY DEPARTMENT</u>
	Street: <u>3550 N. MAIN ST.</u>
	City, State, Zip: <u>CLEBURNE, TX. 76033</u>
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 fax number: <u>(817) 953-7570</u>	
Prospective employer's email address: <u>otratrucking@yahoo.com</u>	
Applicant's Signature	Date
This information is being requested in compliance with §40.25(g) and 391.23(h)	

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>ACCIDENT HISTORY</b>	
The applicant named above was employed by us. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed as _____ from (m/y) _____ to (m/y) _____	
1. Did he/she drive motor vehicles for you? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, what type? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Semi-Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Double/Triples <input type="checkbox"/> other (Specify) _____	
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety duty to report, check here <input type="checkbox"/> sign below and return.	
<b>ACCIDENTS:</b> 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 <input type="checkbox"/> if there is no accident register data for this driver.	
<b>Date</b>	<b>Location</b>
<b># Injuries</b>	<b># Fatalities</b>
<b>Hazmat Spills</b>	
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: _____	

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> , Fill in the dates of employment from _____ to _____. Complete bottom of Part 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____.	
1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Has this person refused to submit a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Has this person committed other violations of Subpart B of 382 or Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program in your employ. Including return-to-duty and follow-up tests? If yes, please send documentation back with this form. Yes <input type="checkbox"/> No <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 refused to be tested? Yes <input type="checkbox"/> No <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 on page 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____	
By: _____ Date: _____	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone	
Date: _____ <input type="checkbox"/> Other _____	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

PAGE 1 PART 1: Prospective Employee <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Submit to the Prospective Employer</li> </ul> PAGE 2 PART 4a: Prospective Employer <ul style="list-style-type: none"> <li>• Complete the information</li> <li>• Send to Previous Employer</li> </ul> PAGE 1 PART 2: Previous Employer <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Turn form over to complete SIDE 2 SECTION 3</li> </ul>	PAGE 2 PART 3: Previous Employer <ul style="list-style-type: none"> <li>• Complete the information required in this section</li> <li>• Sign and date</li> <li>• Return to the Prospective Employer</li> </ul> PAGE 2 PART 4b: Prospective Employer <ul style="list-style-type: none"> <li>• Record receipt of the information</li> <li>• Retain the Form</li> </ul>
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