



SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED

Section 3 To be Completed by Previous Employer

If the applicant was not subject to DOT testing requirements while employed by you please check fill in the dates of employment from M/Y _____ to M/Y _____, complete the bottom, sign, and return.

Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No
Has this person committed violations of Subpart B of Part 382 or Part 40?	Yes	No
If this person have violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employment including return-to-duty and follow-up tests? If yes, please send documents	Yes	No
For a driver who successfully complete 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 a test?	Yes	No

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		Company
Phone	Address (street, city, zip)	
Signature		Date

Section 4 To be Completed by Prospective Employer

This form was	Faxed	Mailed	Other	By	Date
This form was	Faxed	Mailed	Other	By	Date
This form was	Faxed	Mailed	Other	By	Date
This form was	Faxed	Mailed	Other	By	Date
Information was received by	Fax	Mail	Other		