



MANDATORY DRIVERS SAFETY PERFORMANCE HISTORY (REQUEST for PREVIOUS EMPLOYER INFORMATION)

REPLY REQUIRED by FEDERAL LAW (49 CFR 391.23)

Prospective Employer: _____

Address: _____

Name of Applicant: _____ Social Security No.: _____

D.O.B.: _____ CDL #: _____ State: _____

I authorize release of the information contained on this form as required under 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. I acknowledge, that I have the right to due process as identified in 49CFR 391.23 to correct information submitted under this authorization.

Drivers Signature

Date

The information being requested from the following company is done so, as it has been identified by the above driver applicant as a previous employer.

Previous Employer: _____

Address: _____

Date Contacted: _____ Contact Number: _____

Person providing information: _____

Title of person providing information: _____

Safety Performance History

Previous employer to complete all sections below

Please provide the following information on the above driver applicant:

1. Employed from: _____ to _____ as: _____
(Position)

2. Type of motor vehicle operated for your company. (Check each type that applies)

Straight Truck Tractor-Semitrailer Bus Other (specify) _____
N/A

3. Reason Driver left? Discharged Resignation Layoff Military Duty

Explain: _____

This form is made available with the understanding that NATC, Inc. is not engaged in rendering legal, accounting, or other professional services. NATC, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

Was driver involved in any DOT Accidents per 49CFR 390.5 during the previous three (3) years. (The 3 year period starts with accidents, which occurred on or after 04/29/2003). YES NO

If YES, provide the following data elements for each as required by 49CFR 390.15(b)(1).

Date	City/Town/State	# of Injuries	# of Fatalities	Vehicles Towed	HazMat Spilled

Does your company track accidents other than DOT Recordable (390.15)? YES NO

If YES, provide information on each such incident involving the driver applicant identified herein as appropriate.

Drug and Alcohol Information

If driver applicant performed Safety-Sensitive Functions, provide answers to each of the following:

- Did this driver applicant violate the Alcohol and Control Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40? YES NO
- Did this driver applicant fail to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605? YES NO N/A
- If this driver applicant successfully completed a SAPs rehabilitation referral and remained within your employ, you must provide the following additional information:
 - Were driver alcohol test results 0.04 or higher? YES NO N/A
 - Verified Positive Drug Test? YES NO N/A
 - Refused to test (including verified adulterated or substituted drug test result)? YES NO N/A

Under 49CFR 391.23, failure to provide the above information should be reported to US DOT (FMCSA) following procedures specified in 49CFR 386.12

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