



DOCUMENTATION OF GOOD FAITH & SIGNIFICANT DATES

DRIVER NAME	LICENSE NUMBER	STATE

Application received by: _____

Application reviewed for completeness by: _____

Name/Title

Date

Name/Title

Date

SIGNIFICANT DATES

EVENT	DATE	SUPERVISOR NAME
Application Date		
Hire Date		
Pre-Employment (CST)		
Pre-Employment (CST) Result Received		
Road Test Completion		
First Used in Safety Sensitive Position (382.107)		
Termination (DQ File must be maintained for 3 years after termination)		

BACKGROUND INVESTIGATION DATES

LAST 3 YEAR OF PREVIOUS EMPLOYERS	40.25 / 391.23	FAX/MAIL/EMAIL	DATE	Attempt 1/2/3
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			
	<input type="checkbox"/> / <input type="checkbox"/>			

Attach more sheets if needed



DRIVER QUALIFICATION FILE CHECKLIST

Driver:		OLN:			
Initial Employment Checklist	Required Documents	Annual DQ Audit/Review of Qualifications & File <u>MONTH / YEAR</u>			
		___ / ___	___ / ___	___ / ___	___ / ___
	Driver's Application For Employment (49 CFR 391.21)				
	10 Year Employment History (49 CFR 391.21 (b)(10-11))				
	Fair Credit Reporting Act Disclosure Statement - Signed by Driver Applicant				
	Certificate of Compliance - Drivers License Requirements				
	Inquiry To Previous Employers – 3 Years (49 CFR 391.23(A) (2) & (C)) (CONFIDENTIAL)				
	MVR - Inquiry To State Agencies – 3 Years (49 CFR 391.23(A) (1) & (B))				
	Driver's Road Test Certificate or Equivalent (49 CFR 391.31)				
	Medical Examiner's Certificate and review of Medical Examiners Cert (49 CFR 391.43)				
	CDL Driver - MVR Medical Certification Review (49 CFR 391.51(7)(ii))				
	Pre-Employment Screen (PSP)				
Annual Requirements					
	Annual MVR - Inquiry To State Agencies (49 CFR 391.25(A) & (C))				
	Annual Driver's Certification Of Violations (49 CFR 391.27)				
	Annual Review Of Driving Record (49 CFR 391.25)				
	CDL Driver - MVR Medical Certification Review (49 CFR 391.51(7)(ii))				
Alcohol and Controlled Substances Testing Checklist for CDL Drivers- CONFIDENTIAL FILE					
	Pre-Employment Drug Test - Control Form and Result				
	Prior Employers (Past 3 Years) Checked For Alcohol & CST Info. - Included with Inquiry				
	Previous Pre-Employments Employee Alcohol and Drug Testing Statement				
	Certificate of Receipt - Company Drug and Alcohol Policy				
	Notify Drug and Alcohol Testing Service Provider to add into Random Testing Program				

DRIVER'S APPLICATION FOR EMPLOYMENT



CO Fire Aviation
23101 HWY 52
Fort Morgan, CO 80701
(970) 867-8414

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 (Print Name) _____, authorize you to make such investigations and inquiries to 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 the Company.

"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 I have the right to:

- Review information provided by current/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."

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 your for employment purposes. These reports are required by Sections 49 CFR 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE

DATE

DRIVER APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

Address _____ Number of Years? _____
(STREET) (CITY) (STATE & ZIP CODE)

Date of Birth _____ Social Security NO. _____

Telephone Number _____ E-Mail Address _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(STREET) (CITY) (STATE & ZIP CODE) # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Can you provide proof of age? _____ Do you have the legal right to work in the US _____

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? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”.
I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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, explain details _____

Number of years you’ve held a Commercial Drivers License (CDL)? _____

If less than two years can you provide training certificate for Entry Level Driver Training? _____

List states operated in for the past five years: _____

Show special courses or training that will you as a driver: _____

Which safe driving awards do you hold and from whom? _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ECT.)	DATES		APPROX. NO. OF MILES
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK			/	
TRACTOR & SEMI-TRAILER			/	
TRACTOR & TWO TRAILERS			/	
OTHER			/	

EXPERIENCE AND QUALIFICATION - OTHER

Show any trucking, transportation, or other experience that may help in your work for this company.

List any courses and training other that shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (head-on, rear-end, rollover, etc.)	NUMBER FATALITIES	NUMBER INJURIES	HAZARDOUS MATERIAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION (reckless/careless driving, unsafe lane changes, following too close, etc.)	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, revocation, suspension, points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Enter the Highest grade completed: (1-8) _____ High School: (9-12) _____ College: (1-4) _____

Last School Attended: _____

Name of School

Street Address, City, State ZIP

TO BE READ AND SIGNED BY APPLICANT

This certifies 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

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record required).

Must list the complete mailing address: street number and name, city, state and zip code.

PREVIOUS EMPLOYER: (LIST PREVIOUS EMPLOYERS STARTING WITH MOST RECENT)

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

PREVIOUS EMPLOYER:

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

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PREVIOUS EMPLOYER:

COMPANY NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No



Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in interstate, intrastate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to:
 - 1) your employing motor carrier, and
 - 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License Number _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes:

COLORADO REQUESTOR RELEASE AND AFFIDAVIT OF INTENDED USE

To purchase a record other than your own, you must declare your intended use of that record, and you must have the signature of the person in interest authorizing you to inspect the record. If you are acting as an agent for an authorized user, you must identify the company or entity on whose behalf you are requesting the record. (§42-1-206 and §24-72-204, C.R.S.)(Driver Privacy Protection Act 18USC 2721)

DRIVER INFORMATION

Driver Qualification Application **Accident Report** **Annual Review** **Other**

Name of Driver

License Number

State of Issue

Date of Birth

INFORMATION MAY BE USED ONLY FOR THE FOLLOWING APPROVED PURPOSES:

- By a business that will use the information to verify the accuracy of information submitted by individuals for the purposes of preventing fraud, pursuing legal remedies against or recovering a debt or security interest.
- In connection with a civil, criminal, administrative or arbitral proceeding in any court or before a self-regulatory body, including process service, investigation, execution of judgment, or pursuant to a court order.
- To provide notice to owners of towed or impounded vehicles.
- By an employer/agent or insurer of a Commercial Driver License Holder.
- Attached is a written consent of the person whose record is being requested.

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law.

Signature

Driver's License Number

State

Date

Printed Name

Name of Company Represented

Requestor Address

*** This agreement must be renewed annually with Front Range Compliance Service, prior to the expiration date of this agreement.**

ANNUAL CERTIFICATION OF VIOLATIONS AND REVIEW OF DRIVING RECORD

DRIVER NAME	LICENSE NUMBER	STATE

ANNUAL CERTIFICATE OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Violations are as listed below
 I have had no violations

Date of Conviction	Offense	Location	CMV/Non-CMV Violation

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification:	Drivers Signature: <div style="background-color: yellow; height: 20px; width: 100%;"></div>
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Reviewed By:	Title:
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ANNUAL REVIEW OF DRIVING RECORD

In accordance with 49 Code of Federal Regulations Section 391.25, (Federal Motor Carrier Safety Regulations), all information pertinent to the above driver's safety of operation, including the list of violations furnished by him in accordance with 49 CFR Section 391.27, has been reviewed for the past 12 months. I find that this driver:

Meets minimum requirements for safe driving
 Is disqualified to driver pursuant to Section 391.15

Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewer Signature:	Date:
---------------------	-------

ROAD TEST EXAMINATION

NOTE: Perspective Employer / Current Employer administering a road test is mandatory. For CDL driver's a copy of the current Commercial License must be placed in the Driver Qualification File and may be recognized as a road test certificate.

Driver Name	Telephone
Street Address	City, State ZIP
License Number	State of Issue
Class	Endorsements

The road test shall be given by the motor carrier, or a person designated by the motor carrier. Any owner operator must have a road test given by another person. The test should be given by a person who is competent to evaluate and determine whether the driver who takes the test has demonstrated that he/she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign to him/her.

Performance Pass / Fail	Examination _____ Date / Time
<input type="checkbox"/> / <input type="checkbox"/>	Pre-trip inspection (Section 392.7) Oil, Belts, Coolant, Air tanks, Brakes. Demonstration of emergency equipment.
<input type="checkbox"/> / <input type="checkbox"/>	Coupling and uncoupling of articulated units, including combinations. (King Pin, Landing Gear, Secured trailer against movement)
<input type="checkbox"/> / <input type="checkbox"/>	Backing (Asks for ground guide, gets out to check rear, steering.)
<input type="checkbox"/> / <input type="checkbox"/>	Placing the equipment in operation (Seat Belts, Mirrors, Adjustment of Seat and Driver Controls)
<input type="checkbox"/> / <input type="checkbox"/>	Accelerating to traffic speed. Operating in traffic, proper speed, and passing.
<input type="checkbox"/> / <input type="checkbox"/>	Gears - Proper Operation - Shifting - Non-Grinding
<input type="checkbox"/> / <input type="checkbox"/>	Steering Directional Control - Proper use of signals
<input type="checkbox"/> / <input type="checkbox"/>	Turning - Left turns, Right turns. (Too wide, short proper lane, blocks against cars)
<input type="checkbox"/> / <input type="checkbox"/>	Intersections and Railroad Crossings
<input type="checkbox"/> / <input type="checkbox"/>	Handling of Cargo - Handling Hazardous Materials Shipping Papers, Securement of Cargo and Hazardous Material Package
<input type="checkbox"/> / <input type="checkbox"/>	General Driving Ability:

Power Unit Used:	Trailer Used:
If Passenger vehicle type of bus:	Miles Driven:
Examiner Name:	Title:



Certificate of Road Test

Driver Name

Drivers License # & State

Class / Endorsements

Power Unit & Trailer (if used)

*This is to certify that the above-named driver was given a road test under my supervision
on _____ of approximately _____ miles of driving.*

*It is my considered opinion that the driver possesses sufficient driving skill to operate safely
the type of commercial motor vehicle listed above.*

Signature of Examiner

Title

Organization and Address

Note:

- 1. Provide a copy of this certificate to the driver and maintain a copy in the driver qualification file.**
- 2. Obtain Copy of Current Drivers License and MVR current within 30 Days**
- 3. Obtain Copy of Current Medical Card and Verify the Medical Examiner**



DRIVER NAME	LICENSE NUMBER	STATE

CONFIDENTIAL
DRIVER INVESTIGATION HISTORY
For CDL & Non-CDL Drivers

This portion of the Driver Qualifications must be maintained in a secure location with controlled access in accordance with 49 CFR 382.401, 40.333, and 391.53.

Driver Investigation History Records:

1. Safety Performance History Records Requests (Section 391.23). *Retain until 3 years after employment with motor carrier ceases.*
2. Previous Employee Safety Performance History (Section 391.23). *Retain until 3 years after employment with motor carrier ceases.*

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 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 _____.
(employment application date)

To: Prospective Employer: **CO Fire Aviation**
 Attention: **Megan Boppre** Telephone: **(970) 867-8414**
 Street: **23101 HWY 52**
 City, State, Zip: **Fort Morgan, CO 80701**

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 email address: **mboppre@scottaviationinc.com**
 Prospective employer's fax number: **(970) 867-2344**

Applicant's Signature Date

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

PART 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) _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type?

Straight Truck Tractor Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____

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	# Injuries	# Fatalities	Hazmat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
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Applicant Name: _____ **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 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 NO
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES NO
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES NO
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES NO
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. YES NO
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? 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 on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
-----------------	--

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

By: _____ Date: _____

PART 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

- PAGE 1 PART 1:** Prospective Employee
- Complete the information required in this section
 - Sign and date
 - Submit to the Prospective Employer
- PAGE 2 PART 4a:** Prospective Employer
- Complete the information
 - Send to Previous Employer
- PAGE 1 PART 2:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Turn form over to complete SIDE 2 SECTION 3

- PAGE 2 PART 3:** Previous Employer
- Complete the information required in this section
 - Sign and date
 - Return to Prospective Employer
- PAGE 2 PART 4b:** Prospective Employer
- Record receipt of the information
 - Retain the form



DRIVER NAME	LICENSE NUMBER	STATE

CONFIDENTIAL

ALCOHOL & DRUG FILE

This file includes information required to be maintained in a secure location with controlled access in accordance with 49 CFR 382.401 and 40.333

Alcohol and Controlled Substances Testing Records:

1. Previous Pre-Employer Employee Alcohol & Drug Test Statement (Section 40.25(j)).
Retain per company policy.
2. Previous Employer Alcohol & Drug Test Information (Section 40.25 & 391.23). *Retain until 3 years after driver is no longer employed.*
3. Alcohol & Drug Records Request (Section 40.329 & 40.331) *Retain per company policy.*
4. Alcohol & Drug Employee's Certified Receipt of Written Policy (Section 382.601(d)).
Retain until 2 years after driver ceases to perform regulated function.
5. Alcohol and/or Controlled Substances Test Notification (Section 382.113) *Retain per company policy.*
6. Controlled Substances Test results (Section 40.163) *Retain for 5 years if result indicates a violation, or 1 year if negative or cancelled.*
7. Observed Behavior Reasonable Suspicion Record (Section 382.307). *Retain for 2 years.*
8. U.S. DOT Alcohol Testing Form (Section 40.225). *Retain for 5 years if result indicates a violation, or 1 year if negative or cancelled.*
9. Federal Testing Custody and Control Form (Section 40.45). *Retain for 5 years if result indicates a violation, or 1 year if negative or cancelled.*



Previous Pre-Employment Employee Alcohol and Drug Test Statement

Section 40.25(j) as the employer, you must also ask the employee whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he/she had a positive test or a refusal to test, you must not use the employee to perform safety sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (ref. Section 40.25(b)(5) and (e))

Prospective Employee Name: _____ Drivers License: _____

The prospective employee is required by Section 40.25(j) to respond to the following questions.

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain. Safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

PROSPECTIVE EMPLOYEE SIGNATURE

Date

WITNESSED BY (SIGNATURE)

Date