



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Printed Name) _____
(FIRST) (M.I.) (LAST) SOCIAL SECURITY NUMBER _____

Hereby Authorize:
Previous Employer _____ Email _____

Street _____ Telephone _____

City, State, Zip _____ Fax No _____

To release and forward the information requested by section 2 of this document concerning my Alcohol and Controlled Substance Testing records within the previous three years from _____.
(Employment Application Date)

To: Trafficade Service, Inc.
Att: David Taylor
2533 West Holly St. Phone: 602.431.0911 or
Phoenix, AZ 85009 Toll Free: 1.833.231.0911

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form than ensures confidentiality, such as fax, email or letter.

Prospective Employers fax number: (602) 272-2827 Prospective Employers Email: David@Trafficade.com

DATE APPLICANT'S SIGNATURE
This information is being requested in accordance with §40.25(g) and 391.23(h).

PART 1 OF 2: | TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant named above was employed by us: YES NO
Employed as _____ from (M/Y) _____ to (M/Y) _____

1. 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) _____

2. Reason for leaving your employment: 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 vehicle 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	# of Injuries	# of Fatalities	Hazmat Spill
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 _____

DATE TITLE EMPLOYER'S NAME



PREVIOUS EMPLOYER - COMPLETE PAGE 2 PART 2

PART 2: I

TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AN ALCOHOL HISTORY

If the 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 2 and return. Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has the person had an alcohol test with the result of 0.04 or higher alcohol concentration?
YES NO
2. Has the person tested positive or adulterated or substituted a test specimen for controlled substances?
YES NO
3. Has this person refused to submit a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
YES NO
4. Has the 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 refused 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 page 1.

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Part 2 Completed by (Signature) _____ Date _____

TO BE COMPLETE BY TRAFFICADE

This form was (Check One), sent to previous Employer: Mailed Emailed Other

By: _____ Date: _____

Complete below when information is obtained.

Information received from _____ Recorded by _____

Date: _____ Method: Fax Mail Email Telephone Other _____