



## **A facsimile from**

**Trucks For You, Inc.  
P.O. Box AH  
Muskogee, Ok 74402  
Telephone 918-348-7449  
Fax 918-348-7411**

**To:**  
**Fax number:**

**Date:** 7/15/2009

**Regarding:** Application and Release Form

**Comments:**

**Fax completed forms to 918-348-7411**

**Or**

**Email to : [brenda@trucksforyou.com](mailto:brenda@trucksforyou.com)**

# DRIVER APPLICATION FORM

COMPANY NAME Trucks For You, Inc Location: Region/District/Branch Muskogee, OK

COMPANY ADDRESS P O Box AH Muskogee OK 74402  
Street City State Zip

## TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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."

Signature \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ ( ) Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Hire Date \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY \_\_\_\_\_  
Street City State Zip Number of Years

Street City State Zip Number of Years

## Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

**You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)

Reasons for Leaving \_\_\_\_\_

Were you subject to the FMCSRs\*\* while employed?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

\*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

PLEASE COMPLETE REVERSE SIDE

## USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

<p><b>FOURTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>FIFTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>SIXTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>SEVENTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>EIGHTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>NINTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>
<p><b>TENTH LAST EMPLOYER:</b> Name _____ Phone Number (____) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____</p> <p style="text-align: center;">(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS - Include dates (month/year) and reason _____</p>

\*Any gaps in employment and/or unemployment must be explained.

\*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

# EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

## Driving Experience

If no driving experience in the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		OR	APPROXIMATE NUMBER OF MILES
		FROM	TO		
Straight Truck	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____		_____
Motorcoach – School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____		_____
Motorcoach – School Bus <small>(Greater than 15 passengers)</small>	N/A	_____	_____		_____
Other: _____	Van, Reefer, Tank, Flat, N/A	_____	_____	_____	

## Accident History (3 years)

If no accidents within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED (month/year)	VIOLATION (Other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

## 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 Number                      \_\_\_\_\_ Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes     No

If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked?  Yes     No

If yes, give details \_\_\_\_\_

## Applicant Certification

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

**INVESTIGATIVE CONSUMER REPORT DISCLOSURE**

In connection with your employment or application for employment (including contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

\_\_\_\_\_ Date \_\_\_\_\_  
 Print Applicant/Employee Full Name

\_\_\_\_\_  
 Applicant/Employee Signature

**Notice to California Applicants**

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.  (California applicants only)

**PART I – DOT DRUG AND ALCOHOL RELEASE**

Employer: \_\_\_\_\_

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to USIS for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized USIS to review involves tests required by DOT. If any carrier (company/school) listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the **three (3) year** period and the name and phone number of any substance abuse professional who evaluated me during the past **three (3) years**.

Company	City	State	Phone Number
_____	_____	_____	( ) - _____
_____	_____	_____	( ) - _____
_____	_____	_____	( ) - _____

(Attach additional forms for additional past employers. Attached documents must also include the individual's signature.)

Print Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

**PART II – INVESTIGATIVE CONSUMER REPORT RELEASE**

Pursuant to the Investigative Consumer Report Disclosure previously delivered to me, I authorize USIS Commercial Services to prepare a consumer report or investigative consumer report about me for employment-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). I hereby fully release and discharge USIS, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to USIS from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

**THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.**

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Print Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used \_\_\_\_\_

List States & Counties of Residence for the past:  3 years  5 years  7 years  10 years (Attach a separate sheet if more space is needed.)

State \_\_\_\_\_ City/County \_\_\_\_\_ From Year \_\_\_\_\_ to Year \_\_\_\_\_

State \_\_\_\_\_ City/County \_\_\_\_\_ From Year \_\_\_\_\_ to Year \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State Issuing License \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: Male Female Race: Asian Black Hispanic White Other \_\_\_\_\_  
(circle one) (circle one)

**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) \_\_\_\_\_  
 First, M.L., 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 \_\_\_\_\_  
 (date of employment application)

To:  
 Prospective Employer: Trucks For You, Inc.  
 Attention: Brenda Swaidner Telephone: 918-348-7449  
 Street: P O Box A H  
 City, State, Zip: Muskogee, OK 74402

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 confidential fax number: 918-348-7411  
 Prospective employer's confidential email address: brenda@trucksforyou.com

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**SECTION 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) \_\_\_\_\_

1. Did he/she drive 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 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	No. of Injuries	No. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SIDE 2**

Employee Name \_\_\_\_\_

**SECTION 3:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**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 Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_. **YES NO**

- 1. Has this person had an alcohol test with a 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 side 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4a:**

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 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**

**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

**SIDE 2 SECTION 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

**SIDE 2 SECTION 4a: Prospective Employer**

- Complete the information required in this section
- Send to the Previous Employer

**SIDE 2 SECTION 4b: Prospective Employer**

- Record receipt of the information
- Retain the form

**SIDE 1 SECTION 2: Previous Employer**

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3