

# APPLICATION FOR EMPLOYMENT

## O'Hare Freight USA, Inc.

### APPLICANT INFORMATION

<b>Name:</b> _____			
(First)	(Middle)	(Last)	
<b>Current Address:</b> _____			
(Street)	(City)	(State, Zip)	How Long?
<b>Previous Address(es):</b> _____			
(Street)	(City)	(State, Zip)	How Long?
_____			
(Street)	(City)	(State, Zip)	How Long?
<b>Phone #:</b> ( ) _____		<b>Date of Birth:</b> _____	
		<b>Social Security #:</b> _____	
<b>Emergency Contact Name:</b> _____			<b>Relation:</b> _____
<b>Contact Address:</b> _____			<b>Phone #:</b> ( ) _____

### DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

### DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No
<b>If you answered yes to either of the above 2 questions, attach a statement of explanation</b>		

**AUTHORIZATION TO OBTAIN DRIVING RECORDS (MVR) REQUIRED FOR EMPLOYMENT**

	O'Hare Freight USA, Inc.	
Drivers Full Name	Employers Name	
Address	621 IL Rt. 83 - Ste. 202	
City, State, Zip Code	Bensenville, IL 60106	
Drivers License Number	Contact Person	Phone Number

Reason to perform Driving Records Check:	<input checked="" type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ANNUAL—DOT—REQUIRED
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I certify that I have authorized Master Safety, Inc. to perform my Driving Records (MVR) check as a requirement of employment at the company listed above.

This authorization should continue throughout the entire duration of my employment with the above company, so that Master Safety, Inc. can perform my Driving Records Check on an annual basis, as required by the U.S. Department of Transportation (DOT).

\_\_\_\_\_  
 SIGNATURE DATE

**TICKETS / ACCIDENTS / ETC.**

	Date	Description	# of Injuries / Fatalities	
Accident	_____	_____	_____	
Record for	_____	_____	_____	
Past 3 Yrs.	_____	_____	_____	
	Location	Date	Charge	Penalty
Traffic	_____	_____	_____	_____
Convictions	_____	_____	_____	_____
& Forfeitures	_____	_____	_____	_____
for Past 3 Yrs.	_____	_____	_____	_____

**EMPLOYMENT RECORD**

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer:	_____	Employed From:	_____	To:	_____
Address:	_____				
Phone:	(____) _____	Supervisor:	_____		
Position:	_____ Reason for Leaving: _____				
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer:	_____	Employed From:	_____	To:	_____
Address:	_____				
Phone:	(____) _____	Supervisor:	_____		
Position:	_____ Reason for Leaving: _____				
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer:	_____	Employed From:	_____	To:	_____
Address:	_____				
Phone:	(____) _____	Supervisor:	_____		
Position:	_____ Reason for Leaving: _____				
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

### SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason 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 & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason 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 & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason 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 & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason 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 & alcohol testing requirements of 49 CFR Part 40?  Yes  No

**Employer:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Reason 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 & alcohol testing requirements of 49 CFR Part 40?  Yes  No

If more space is needed please request another sheet to complete history.

## DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: \_\_\_\_\_ To: \_\_\_\_\_

During this time, I was engaged in the following activity:

\_\_\_\_\_  
\_\_\_\_\_

In addition:

\_\_\_\_\_ I was not employed by any company or individual

\_\_\_\_\_ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

### 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 interviews 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 employers 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 the 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: \_\_\_\_\_

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**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 you for employment purposes. These reports are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

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**Applicant's Signature**

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**Date**

---

**Print Name**

---

**Social Security Number**

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**Employer Witness**

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**Company Name**

**ALCOHOL AND CONTROLLED SUBSTANCE  
CONSENT AND RELEASE**

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years? Yes . No  
Have you ever tested positive for drugs or alcohol at any time in the last 2 years? Yes No  
Have you ever tested positive on any pre-employment drug or alcohol test for a job which you applied  
for but did not obtain? Yes No

**If you answered yes to any of the above questions, attach a statement of explanation and  
provide proof of return to duty process.**

**I understand that, as required by the Federal Motor Carrier Safety Regulations and company  
policy, all drivers must submit to alcohol and controlled substance testing as a condition of  
employment. I also understand that any offer of employment will be contingent upon the results  
of an alcohol and controlled substance test.**

**Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance  
and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:**

- **Pre-Employment, to determine employment eligibility**
- **Random**
- **Reasonable Suspicion**
- **Post Accident**

**I certify that I have read, understand, and agree to abide by the condition of this consent and  
release form.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Employer Witness**

\_\_\_\_\_  
**Company Name**

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, 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 some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it: you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 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 violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_



## HOURS OF SERVICE RECORD FOR FIRST-TIME OR INTERMITTENT DRIVERS

Name: \_\_\_\_\_, S. S. # \_\_\_\_\_

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was:

From: \_\_\_\_\_ To: \_\_\_\_\_

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

This form is to be completed on the day before or day of driver's first dispatch.

### CERTIFICATION OF VIOLATIONS

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information.

**DRIVER REQUIREMENTS:** Each driver shall furnish the list as required by the motor carrier above if the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date of Certification	Driver's Signature
Motor Carrier's Name	Motor Carrier's Address
Reviewed By: Signature	Title

### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

#### Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_  
First, M.I., Last Social Security Number Date of Birth

Herby authorize:

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To: Safety Department  
Attn: Safety (630) 422-7494 -- please fax to this number  
Phone:  
Prospective Employer:

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, letter, or email.

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

#### Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER ACCIDENT HISTORY

The applicant named above was employed by us.  Yes  No

Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor Trailer  
 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 & 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: \_\_\_\_\_

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

#### Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER DRUG AND ALCOHOL HISTORY

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of employment from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_, complete bottom of Section 3, sign, and return.  
 Driver was subject to DOT testing requirements from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug & 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 with this form.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**Section 4 TO BE COMPLETED BY [COMPANY]**

**1<sup>st</sup> Attempt**

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

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

**2<sup>nd</sup> Attempt**

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

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

**3<sup>rd</sup> Attempt**

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

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

Information was received by:  Fax  Mail  Other \_\_\_\_\_

Date received: \_\_\_\_\_

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

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

I, (Print Name) \_\_\_\_\_  
First, M.I., Last Social Security Number Date of Birth

Herby authorize:

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To: Safety Department  
Attn: Safety (630) 422-7494 - please fax to this number  
Phone:  
Prospective Employer:

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, letter, or email.

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

Date \_\_\_\_\_

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER  
ACCIDENT HISTORY**

The applicant named above was employed by us.  Yes  No

Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor Trailer  
 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 & 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: \_\_\_\_\_

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

**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER  
DRUG AND ALCOHOL HISTORY**

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of employment from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_, complete bottom of Section 3, sign, and return.  
 Driver was subject to DOT testing requirements from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug & 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 with this form.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Section 4 TO BE COMPLETED BY [COMPANY]**

**1<sup>st</sup> Attempt**

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

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

**2<sup>nd</sup> Attempt**

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

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

**3<sup>rd</sup> Attempt**

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

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

Information was received by:  Fax  Mail  Other \_\_\_\_\_

Date received: \_\_\_\_\_

### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

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

I, (Print Name) \_\_\_\_\_  
First, M.I., Last Social Security Number Date of Birth

Herby authorize:

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

Attn: Safety (630) 422-7494 - please fax to this number  
Phone: (630)422-7497  
Prospective Employer:

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, letter, or email.

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

**Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER  
ACCIDENT HISTORY**

The applicant named above was employed by us.  Yes  No

Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor Trailer  
 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 & 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: \_\_\_\_\_

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

**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER  
DRUG AND ALCOHOL HISTORY**

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of employment from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_, complete bottom of Section 3, sign, and return.  
 Driver was subject to DOT testing requirements from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug & 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 with this form.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**Section 4 TO BE COMPLETED BY [COMPANY]**

**1<sup>st</sup> Attempt**

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

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

**2<sup>nd</sup> Attempt**

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

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

**3<sup>rd</sup> Attempt**

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

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

Information was received by:  Fax  Mail  Other \_\_\_\_\_

Date received: \_\_\_\_\_



### SAFETY PERFORMANCE HISTORY RECORDS REQUEST

#### Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_  
First, M.I., Last Social Security Number Date of Birth

Herby authorize:

Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

Attn: Safety (630) 422-7494 - please fax to this number  
Phone: (630)422-7497  
Prospective Employer:

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, letter, or email.

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

Date \_\_\_\_\_

#### Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER ACCIDENT HISTORY

The applicant named above was employed by us.  Yes  No

Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor Trailer  
 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 & 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: \_\_\_\_\_

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

#### Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

**DRUG AND ALCOHOL HISTORY**

If driver was not subject to DOT testing requirements while employed by this employer please check here , fill in the dates of employment from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_, complete bottom of Section 3, sign, and return.  
 Driver was subject to DOT testing requirements from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post accident, random, reasonable suspicion, or follow up controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug & 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 with this form.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**Section 4 TO BE COMPLETED BY [COMPANY]**

**1<sup>st</sup> Attempt**

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

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

**2<sup>nd</sup> Attempt**

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

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

**3<sup>rd</sup> Attempt**

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

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

Information was received by:  Fax  Mail  Other \_\_\_\_\_

Date received: \_\_\_\_\_