# Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

*Carrier Name:* F.V.MARTIN Trucking *Contact Person:* Doug Sabin

*Address:* 2325 Merry Lane *City, State, Zip:* White City, Or 97503

*Phone #:* 541-826-6014 *Confidential Fax #:* 541-826-6271

## *Driver to Complete This Section*

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, ***within the past three years***, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

* I _____, hereby authorize this company to release all records of employment, including assessments
Print Name
of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ___/___/___ to ___/___/___.

** _____ _____ _____ _____
Applicant's Signature SSN or ID Number D.O.B. Today's Date

## *SECTION I* – Past Employer to Complete >> *DRUG & ALCOHOL INFORMATION*

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on above-named applicant check here. ☐

| | YES | NO |
|---|---|---|
| 1. Any alcohol test with a result of 0.04 or higher alcohol concentration? | ☐ | ☐ |
| 2. Any verified positive drug test? | ☐ | ☐ |
| 3. Any refusals to be tested (including verified adulterated or substituted drug test results)? | ☐ | ☐ |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | ☐ | ☐ |
| 5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | ☐ | ☐ |

6. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*

* If this information is not available from the previous employer, you as a prospective employer, must get this information from the driver/applicant.

***Drug and alcohol information needs to be kept in a separate personnel and/or confidential file.***



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