



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?  | <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 alcohol or 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 and alcohol regulation, did this person fail to undertake or complete a program prescribed by Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back 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 on page 1.

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

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

**SECTION 4: 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 SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

- |  |   |
|--|---|
| <p><b>Section 1</b> Prospective Employee<br/>Complete the information required in this section, sign and date<br/>Submit to the Prospective Employer</p> | <p><b>Section 4:</b> Prospective Employer<br/>Record receipt of the information<br/>Retain the form</p> |
| <p><b>Section 2</b> Previous Employer<br/>Complete the information required in this section<br/>Sign and date</p>  |   |
| <p><b>Section 3</b> Previous Employer<br/>Complete the information required in this section<br/>Sign and date<br/>Return to Prospective Employer</p>     |   |