



Serving the investigative needs of employers, nationwide!

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

To: Previous Employer

Attn:
Address:
City, State, Zip:

From: Employer's Investigative Services

P.O. Box 906
Orland, Ca 95963
Toll Free: 866.350-5638
Fax: 530-313-7979

Previous Employer: The individual identified below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Applicant: Please complete **SECTION 1** below and sign.

Previous Employer: Please complete Sections 2, 3, and 4.

Prospective Employer – Please complete Section 5.

SECTION 1: (Completed by the Applicant)

Name: Last			First			Middle		
Dob			SSN					
Driver's License Number				State of Issue				
Previous Employer								
Address								
City			State			Zip		
Email			Telephone #			Fax #		
To: Prospective Employer								
Attn:								
Address								
City			State			Zip		



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Requested By

Employer's Investigative Services		
PO Box 906 Orland, Ca 95963		
Phone: 866-350-5638	Fax: 530-313-7979	Email: results@eischecks.com

I hereby authorize the above "Previous Employer" to release and forward the information requested in this document concerning my Alcohol and Controlled Substances Testing Records within the previous 3 years from: _____, 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.

Applicant Signature: _____ Date: _____

SECTION 2: - (Completed by Previous Employer) - Employment Verification

The applicant named above was employed or used by us:	Yes _____ No _____
Employed as: (job title)	From _____ to _____
Did he or she drive a motor vehicle for you?	Yes _____ No _____
If yes, what type?	Straight Truck __ Tractor-Semi Trailer _____ Cargo Tank _____ Doubles/Triples _____ Other _____
Completed by:	
Company:	
Address:	
City	State Zip
Telephone #	

Signature of Requestor: X _____

Check here if there is no safety performance history to report ____ Otherwise, complete the following sections before returning.



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SECTION 3: - (Completed by Previous Employer) - Accident History

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	Number of Injuries	Number of Fatalities	Hazmat Spill
1.				
2.				
3.				
4.				

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

SECTION 4: - (Completed by Previous Employer) – Drug and Alcohol History

If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here & return ___

Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing information you obtained from other employers in the 3 years prior to the application date shown on this document.

Within the past 3 years from the application date shown on this document:

YES___ NO___	1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: <ul style="list-style-type: none"> • An alcohol test with a result of 0.04 or higher alcohol concentration. • A controlled substances result of positive, adulterated, or substituted. • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. • Alcohol use after an accident, in violation of §382.303. • Controlled substances use while on duty, except as allowed under §382.213.
YES___ NO___ NA___	2. If this person violated a DOT drug and /or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here_____.



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YES___ NO___ NA___	If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?
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SECTION 5: - (Completed by Prospective Employer)

This form was: (check one) Faxed to previous Employer:___ Mailed___ Emailed___ Other___	
By:	Date:
Subsequent attempts to contact previous employer (§391.23(c)(1)):	

SECTION 5: - (To Be Completed by Prospective Employer) Complete below when information is obtained

Information Received From:
Method: Fax___ Email___ Mail___ Telephone___ Other___
Recorded by:
Date