

Request for General and Safety Performance History Records from Previous Employer

I hereby authorize you to release the following information to **(Insert your company name here)** and its ASSIGNEES for the purpose of investigations as required by Parts 390, 391, 382, and 40 of the Federal Motor Carrier Safety Regulations. This includes the release of all safety performance history information, as well as the specific information requested below in reference to drug and alcohol testing within the last three years, including information you may have from previous employers. You are released from any and all liability, which may result from furnishing such information. Thank you for your cooperation.

Applicants Signature: _____ Date: _____
 Print Name: _____ Applicant's Social Security Number: _____
 Previous Employer Name: _____ Phone #: _____ Fax #: _____
 Previous Employer Address: _____ City, State, and Zip: _____
 Employed as _____ from (M/Y) _____ to (M/Y) _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Employed as _____ from (M/Y) _____ to (M/Y) _____

If driver was involved in a safety sensitive position subject to controlled substance and alcohol testing under part 40, check here.

Did he/she drive motor vehicles for you? Yes No If yes, what type? Straight Truck Tractor-Semi Trailer

Bus Tanker Doubles/Triples Other (please specify): _____

Reason for leaving your employment: Discharged Resignation Lay off Military Duty

Safe and efficient driver? Yes No General conduct satisfactory? Yes No

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 applicant.

Date	Location	# of Injuries	# of Fatalities	Hazmat involved	Preventable or Non-Preventable?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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: _____

Drug and Alcohol History: If employee was subject to DOT testing requirements, did the person named above:

1. Have an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Test positive or adulterate or substitute a test specimen for controlled substances? Yes No
3. Refuse to submit to 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-work and follow-up tests? If yes, please send documentation with this form. Yes No Never required to attend rehab
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, 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 and alcohol testing information obtained from previous employers in the previous 3 years prior to the application date.

Completed by: Signature: _____ Title _____ Date: _____
 Print name: _____ Date _____

Information Requested By: H&H Express, Inc.
 Larry F. Hill, President

PO Box 709, Rathdrum, ID 83858
 Phone - 800-331-8057
 Fax - 888-891-9040

This form was (check one): Faxed to Previous Employer Mailed Emailed Other: _____ **Date:** _____ **Date:** _____