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PREVIOUS EMPLOYER/SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Mailed Faxed Emailed Date _____/_____/_____

ATTENTION: Human Resources/Personnel Department

SLO Safe Ride is federally regulated by the US Department of Transportation (USDOT) and Federal Motor Carrier Safety Administration (FMCSA). As such, we are required by law to contact previous/current employers where an applicant has operated a commercial vehicle to obtain specific information. Should the previous/current employee be in or had been in a position which did not require the operation of a commercial vehicle, only Section 2 will apply. This form includes information we are required to obtain under 49 CFR Part 391.23

As a previous/current employer, you are required by law to comply with this request and provide information as indicated. Below is an executed release authorization from your previous/current employee (Section 1).

Thank you for your cooperation. Information can be returned confidentially via any of the following methods:

1. Fax: (805) 715-1509
2. Email: SLOSafeRide@gmail.com
3. US Mail: SLO Safe Ride, 284 Higuera St Suite D, San Luis Obispo, CA 93401

Section 1 Employee Information and Consent *(To be completed by the prospective employee/applicant)*

I, (Print Name) _____
 First Name Middle Last Name

 Social Security Number Date of Birth

hereby authorize:

Previous/Current Employer: _____

Address: _____
 Street City State Zip Code

Email _____ Phone: _____ Fax: _____

to release and forward the information requested in Section 2 and 3 of this document concerning my employment records for the previous 3 years to SLO Safe Ride for the purpose of employment.

 Applicant Signature Date

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Section 2 Non Driving Questionnaire *(To be completed by the current/previous employer)*

The applicant named in Section 1 (of this document) was employed by us. Yes No

The applicant was employed as _____ From (M/Y)_____/_____/_____ To (M/Y)_____/_____/_____

Position

Did he/she drive a motor vehicle for you? Yes No **(If yes, Complete ALL sections of this form).**

Reason for leaving your employ? Quit Terminated Laid Off Other *(please explain)* _____

What were the applicants primary duties? _____

	Excellent	Good	Fair	Poor	Unsatisfactory
Overall Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 Driving Questionnaire *(To be completed by the current/previous employer)*

ACCIDENTS: Complete the following for accidents included on your DOT Accident Register (390.15(b)) that involved the applicant in the 3 years prior the application date on page 1 of this form, or check here if there is no accident register data for this driver.

Date	Location	Number of Injuries	Number of Fatalities
1. ____/____/____	_____	_____	_____
2. ____/____/____	_____	_____	_____
3. ____/____/____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers under internal company policies. _____

Section 4 Drug and Alcohol Questionnaire *(To be completed by the current/previous employer)*

If the current/previous employee was not subject to US DOT testing requirements while employed by you, please check here sign, and return.

The current/previous employee was subject to US DOT testing requirements from _____ to _____

Has the applicant ever been suspected of Drug or Alcohol abuse while at work/on duty? Yes No If yes, please explain _____

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- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentrate? | <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 a Substance Abuse Professional (SAP) in your employ? If no, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For an employee who successfully completed SAP's rehabilitation referral and remained in your employ, did this person subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused 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 employers in the previous 3 years prior to the application date on page 1 of this document.

Name: _____ Telephone# _____

Company: _____

Address: _____

Street

City

State

Zip Code

Sections 2-4 completed by _____

Signature

Date