



## Safety Performance History Records Request

Part One: To be completed by prospective employee

I, (print name) \_\_\_\_\_  

(First)
(M.I.)
(Last)
(Social Security Number)

Date of birth: \_\_\_\_\_

Hereby authorize:

Previous employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City, state and zip: \_\_\_\_\_ Fax: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous three years from \_\_\_\_\_  
(employment application date)

To: Prospective employer: Kranawetter Transport  
Attention: Terri Cook      Telephone: 573-866-2866  
Rt. 5 Box 2228                      Fax: 573-866-2861  
Patton, MO 63662                  Email: billing@kranawettertransport.com

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's signature)

\_\_\_\_\_  
 (Date)

Part Two: To be completed by previous employer

The applicant named above was employed by us: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did applicant drive a motor vehicle for you? Y / N If yes, what type? \_\_\_\_\_

2. Reason for leaving your employ: Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay off \_\_\_\_\_ Military duty \_\_\_\_\_

If there is no safety performance history to report, check here \_\_\_\_\_, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the last 3 years prior to the application date shown above, or check here \_\_\_\_\_ if there is no accident register data for this driver.

	Date	Location	# Fatalities	#Injuries	Hazmat spill?
1					
2					
3					

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

Other remarks: \_\_\_\_\_

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

**Employment Record**  
(Attach sheet if more space is needed)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

Last employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Any gaps in employment and / or unemployment must be explained. Please include dates (month / year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Second last employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Any gaps in employment and / or unemployment must be explained. Please include dates (month / year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Third last employer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Any gaps in employment and / or unemployment must be explained. Please include dates (month / year) and reason: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flatbed, etc.)	Dates		Approximate No. of Miles
		From:	To:	
Straight Truck				
Tractor / Semi-Trailer				
Tractor - Two Trailers				
Other				

Accident Record for Past 3 Years or More (Attach sheet if more space is needed)

Date(s)	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Number Fatalities	Number Injuries	Chemical Spills
				Yes _____ No _____
				Yes _____ No _____
				Yes _____ No _____

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations)

Date Convicted (Month / Year)	Violation	State of Violation Location	Penalty (Forfeited Bond, Collateral and/or points)

(Attach sheet if more space is needed)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

B. Has any of your license, permit, or privileges been suspended or revoked? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_



## DOT/FMCSA Previous Employee Investigations & Inquiries

First Name	Middle Name	Last Name	Social Security Number
Current Address		City	State
Company Name		Driver's License Number	Applicant Telephone Number
		State	Date of Birth

I hereby authorize the above named company to release any and all information to \_\_\_\_\_ concerning my performance, conduct, accident record and all required DOT drug and alcohol related information while previously employed as a commercial motor vehicle operator in the previous 3 years from the date of this form as specified and required by the Federal Motor Carrier Safety Regulations, Part 391.23 Investigation and inquiries. In connection with, and for the duration of, my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, driving, and other reports. This information will, in whole or in part, be obtained from CDTA, A Part of National Compliance Solutions Inc., 1011 Camino Del Rio South, Suite 200, San Diego, CA 888. 908.2382. These reports will include information as to my work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies. This release may also be used to obtain worker's compensation and education records. By signing below, I also acknowledge that I have read and understand the summary of my rights under The Fair Credit Reporting Act Pub. L. 111-203, H.R. 4173.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Previous Company Name:</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Supervisors Name:</b> _____ <b>Telephone Number:</b> _____ <b>Period of Employment:</b> FROM _____ / _____ TO _____ / _____ <b>Position Held:</b> _____ <div style="text-align: center; font-size: small;">MO.    YR.                      MO.    YR.</div>	<i>The information requested is required by Part 391.23 for the U.S. Department of Transportation Motor Carrier Safety Regulations.</i>
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**TO FORMER EMPLOYER:** Please give the following information about this applicant. It will be held in strict confidence.

Description	Excellent	Good	Fair	Poor	Supervision	Comments
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is employment record with your company correct? \_\_\_\_\_

Why did applicant leave? \_\_\_\_\_

If Company policy allowed, would you rehire? \_\_\_\_\_

Did he have custody of money or valuables? \_\_\_\_\_

Qualified in what equipment? \_\_\_\_\_

How many total accidents? \_\_\_\_\_ How many FMCSA defined recordable accidents? \_\_\_\_\_

Driver's license ever revoked or suspended? \_\_\_\_\_

**Yes    No    DOT/FMCSA Previous Employer 3-year Drug and Alcohol Investigation and Inquiry**

- Did the employee have an alcohol test with results greater than 0.04 BAC?
- Did the employee have a verified positive test result?
- Did this employee refuse to be tested?
- Did the employee have any other violation of the DOT/FMCSR drug and alcohol testing regulations?
- Did the employee report any drug and alcohol rule violations to you?
- If you answered yes to any of the above items, did the employee complete an SAP program and return to duty test?

\*\*\* If yes, please send the employee's SAP reports, return to duty documentation and any and all follow-up test information or records.

This company did not have a DOT drug/alcohol program during this period.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name/ Sign Name

Notice to California Applicants: Under Section 1786.22 of the California Civil Code, you have the right to request from CDTA, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which CDTA has previously furnished within the two-year period preceding your request. You may view the file maintained on you by CDTA during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary report via telephone. **California, Minnesota & Oklahoma Applicants only:** Please check here  to have a copy of your consumer report sent directly to you. Minnesota & Oklahoma applicants receive a copy direct from CDTA. California applicants may receive a copy from either the prospective employer or CDTA.

Date Sent/Initial:	2 <sup>nd</sup> Request Date/Initial	3 <sup>rd</sup> Request Date Initial
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