

**Request for Driver's Safety Performance History
Information from DOT Regulated Previous Employer(s)**

Carrier Name: B H 92 TRUCKING INC **Contact Person:** Chudi
Address: 550 E NORTH FRONTAGE RD **City, State, Zip:** BOLINGBROOK,IL 60440
Phone #: 630-863-7795 **Confidential Fax #:** 630-914-5225

Driver to Complete This Section

As a Commercial Motor Vehicle (CMV) Driver, I understand that per, the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382, 383 and 391 Subpart G, within the past three years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired, that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I understand should I refuse to provide the written consent requested, the prospective motor carrier employer shall not permit me to operate a commercial motor vehicle for that motor carrier per FMCSA 391.23(f).

I _____, hereby authorize this company to release all records of employment, including assessments
 Print Name

of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the above-mentioned person and/or company.

Previous Employer: _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

I worked for this company from the dates of ____/____/____ to ____/____/____

Applicant's Signature

SSN or ID Number

D.O.B.

Today's Date

SECTION I – Past Employer to Complete >> DRUG & ALCOHOL INFORMATION

Please provide the following drug and alcohol information, as required by FMCSR Part 391.23(e) and 40.25.

If no drug and alcohol information is available on above-named applicant, check here.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Within the previous three (3) years, has the driver had violated any of the alcohol and controlled substance prohibitions under FMCSR 382, Subpart B, or 49 CFR 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the answer to number one is "yes", did the driver fail to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to FMCSR 382.605, or 45 CFR 40, Subpart O? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the answer to number two is "yes", if the driver successfully completed the SAP rehabilitation referral and remained in your employment, did the driver have any of the following testing violations subsequent to the completion of the rehabilitation program described above? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If yes to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ. * | <input type="checkbox"/> | <input type="checkbox"/> |

* If this information is not available from the previous employer, you as a prospective employer must get this information from the driver.

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (please give city/town, or most near and state)	Any Vehicles Towed?	HazMat Spill?	# of Fatalities?	# of Injuries?

SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: _____ from ____ / ____ / ____ to ____ / ____ / ____

➤ If employed as a driver, what type of equipment did he/she operate?
 Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No Contractor? Yes No
 Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transport: _____

➤ While under your employment was he/she:
 a. Bonded: Yes No
 b. Convicted of any traffic violations: Yes No
 If yes, please list all, including date and type: _____
 c. License(s) suspended, revoked or denied: Yes No
 If yes, please explain: _____

➤ Reason for leaving: _____

➤ Would you re-employ this person: Yes No Upon Review
 Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

_____	_____
Print Name	Title
_____	_____
Signature	Date

Please remember to retain a copy for your records; your timely response is appreciated.

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