

	Date	Location: Give City or Town(or most nearest)along with State where the incident occurred	At Fault	Number of Fatalities	Number of Injuries	Hazmat Spill
1.						
2.						
3.						

Was the applicant a Safe & Efficient driver? Yes ___ No ___ (*If No, please explain)

Was the applicant's general conduct satisfactory? Yes ___ No ___ (If No, please explain)

Driver's License Number: _____ State _____ Type: _____

Why did this person leave your company: Discharged ___ Resigned ___ Laid Off ___
 Military Duty ___ Other ___ (Please explain) _____

Would you re-employ this person? Yes ___ No ___ (If No, please explain:) _____

4. Alcohol & Drug History: * Concerning any Alcohol & Drug Testing records within the previous three (3) years from date of this request.

- Has the applicant had an alcohol test result of 0.04 alcohol concentration or greater? Yes ___ No ___
- Has the Applicant tested positive or adulterated or substituted a test specimen for a drug test? Yes ___ No ___
- Has the Applicant refused to submit to testing? Yes ___ No ___
- Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes ___ No ___
- If this person has violated a DOT Drug Test regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including follow-up and return to duty tests? (If yes, please send documentation back with this form). Yes ___ No ___.
- For any driver that successfully completed a SAP's rehabilitation referral and remained in your employment, did this driver ever subsequently have an alcohol test result of 0.04 or greater; a verified drug test; or a refusal to be tested? Yes ___ No ___

***Note: In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT agency regulations.**

Person providing the above information: _____

Print Name and Title

Signature: _____ Date _____