

### PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY

Pursuant to a request for Previous Employee Safety Performance History, Dated \_\_\_\_\_, this response is being provided to the Prospective Employer noted below in compliance with the Department of Transportation regulations, §391.23(g)(1) and §40.321(b).

Corrected Copy, Replaces Response Dated: \_\_\_\_\_

#### TO BE COMPLETED BY THE PREVIOUS EMPLOYER DRIVER IDENTIFICATION

Name of Previous Employee: \_\_\_\_\_  DOT Regulated Driver  
Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Non-DOT Regulated Driver  
Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_

#### PREVIOUS EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

#### PROSPECTIVE EMPLOYER INFORMATION

THIS FORM WAS (check appropriate box)

Company Name: University of Colorado  Mailed, Date: \_\_\_\_\_  
Attention: Scott Edwards  Faxed, Date: \_\_\_\_\_  
Street: 3205 Marine Street  Emailed, Date: \_\_\_\_\_  
City, State, Zip: Boulder, CO 80309  Relayed by Phone, Date: \_\_\_\_\_  
Phone Number: 303-492-7152 Email: scott.edwards@colorado.edu Name of Person Contacted: \_\_\_\_\_

#### SAFETY PERFORMANCE HISTORY

There is no safety performance history to report.

Driver operated a:  Straight Truck  Tractor-Semitrailer  Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

Driver did not operate a commercial motor vehicle.

Reason for leaving employ:  Discharged  Resignation  Lay Off  Military Duty

#### ACCIDENTS:

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

No accident register data for this driver.

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d)(2)(ii)).

#### DRUG/ALCOHOL TESTING:

Prospective employer did not provide signed release from driver (§40.321 (b)). Therefore, drug/alcohol information cannot be provided. Under DOT drug and alcohol testing requirements for the past 3 years from the request date shown above:

	Yes	No	
1. Was this person employed in a safety-sensitive function that required alcohol and controlled substances testing specified by 49CFR Part 40? (if NO, skip this section.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>An alcohol test with a result of 0.04 or higher alcohol concentration.</li> <li>A controlled substances test result of positive, adulterated, or substituted.</li> <li>A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.</li> <li>Alcohol use while performing or within 4 hour before performing safety-sensitive functions.</li> <li>Alcohol use after an accident, in violation of §382.303.</li> <li>Controlled substances use while on duty, except as allowed under §382.213</li> </ul>			N/A
3. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here <input type="checkbox"/> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In providing this information, any DOT drug or alcohol testing information obtained from previous employers in the 3 years prior to the request date shown above is included.

Any other remarks: \_\_\_\_\_

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