

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL  
ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with \_\_\_\_\_ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize \_\_\_\_\_ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

*LAST UPDATED 12/22/2015*

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST  
DRUG/ALCOHOL TESTING HISTORY**

**PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print name) \_\_\_\_\_  
First Middle Last Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hereby authorize my previous employer \_\_\_\_\_ to release and forward the information requested below concerning my Alcohol and Controlled Substances Testing records within the previous three (3) years from the date of my employment application, which is \_\_\_\_/\_\_\_\_/\_\_\_\_. The information should be sent to my prospective employer \_\_\_\_\_ to the address, confidential fax or confidential e-mail shown below.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form is being (check one): ☐ Faxed ☐ Mailed ☐ E-mailed

By: \_\_\_\_\_ Date: \_\_\_\_\_

To Previous Employer: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

**PLEASE SEND RESPONSES TO:**

Company: \_\_\_\_\_ Confidential Fax No.: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ Confidential E-mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Attention: \_\_\_\_\_

**PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If applicant was not subject to Department of Transportation (DOT) testing requirements while employed by you, please check here ☐, fill in the dates of employment, sign below and return.

DATES OF EMPLOYMENT: FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT WAS SUBJECT TO DOT TESTING REQUIREMENTS FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ YES ☐ NO Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  
☐ YES ☐ NO Has this person tested positive for controlled substances?  
☐ YES ☐ NO Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow up alcohol or controlled substances test or adulterated or substituted a drug test specimen?  
☐ YES ☐ NO Has this person committed other violations of Subpart B of Part 382, or 49 CFR Part 40?  
☐ YES ☐ NO If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP-prescribed rehabilitation program while in your employ, including return-to-duty and follow-up tests?  
(If yes, please send documentation of the SAP name, address and phone number when you return this form)  
☐ YES ☐ NO For a driver who successfully completed an SAP's rehabilitation referral and remained in your employ, did this driver, subsequently, have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?

In answering these questions, include any required DOT drug or alcohol testing information obtained from past previous employers in the previous 3 years prior to the application date shown above. Include a supplemental sheet, if necessary.

PART 3 COMPLETED BY (signature): \_\_\_\_\_ TITLE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Information received on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ by (check one): ☐ Fax ☐ Mail ☐ E-mail

# SAFETY PERFORMANCE HISTORY RECORDS REQUEST-ACCIDENT HISTORY

## PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): ☐ Faxed ☐ Mailed ☐ E-mailed ☐ Completed by Phone ☐ Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

To Previous Employer: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

The applicant named below has applied to our company for a position as a DRIVER, and states that he/she previously worked for your company from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

**APPLICANT NAME:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please take a moment and complete the information requested in Part 2. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12.

**PLEASE SEND RESPONSES TO:**

Company: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax. No.: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Attention: \_\_\_\_\_

## PART 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Did the above named applicant work for your company? ☐ YES ☐ NO

If yes, please state the actual dates of employment: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did he/she drive a motor vehicle for your company? ☐ YES ☐ NO

If yes, please check the type(s) of vehicles operated: ☐ STRAIGHT TRUCK ☐ TRACTOR/SEMI-TRAILER

☐ CARGO TANK ☐ FLATBED ☐ DOUBLES/TRIPLES ☐ BUS ☐ OTHER (please specify) \_\_\_\_\_

Reason for leaving your company: ☐ DISCHARGE ☐ RESIGNATION ☐ LAY OFF ☐ MILITARY DUTY

Would this applicant be considered for employment with your company again? ☐ YES ☐ NO

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

**ACCIDENT HISTORY:** Please give the following information for any accidents included on your accident register (§390.15(b)) that involved the applicant (regardless of fault) which occurred in the previous three (3) years. Note: Until May 1, 2006 only information for accidents that occurred after April 29, 2003 need to be included.

Or, check here ☐ if there is no accident register data for this applicant.

Date	City, State	Description	# of Injuries	# of Fatalities	HazMat Spill
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any other accident information involving the applicant which is retained under internal company policies.

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

PART 2 COMPLETED BY (Signature): \_\_\_\_\_ TITLE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## PART 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Information received on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ by (check one): ☐ Fax ☐ Mail ☐ E-mail ☐ Telephone ☐ Other \_\_\_\_\_

## WORK EXPERIENCE

In accordance with §391.21 & 23 of the Federal Motor Carrier Safety Regulations (FMCSR), an applicant must list all previous work experience for the three (3) years prior to the date of application shown on page one, as well as all commercial driving experience for seven (7) years prior to those three years, for a total of 10 years.

**PLEASE LIST STARTING WITH MOST RECENT EMPLOYER, USE ADDITIONAL SHEET IF NEEDED.**

**CURRENT OR LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SUPERVISOR NAME:** \_\_\_\_\_ **REASON FOR LEAVING?** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO      \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** \_\_\_\_\_

**SECOND LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SUPERVISOR NAME:** \_\_\_\_\_ **REASON FOR LEAVING?** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO      \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** \_\_\_\_\_

**THIRD LAST EMPLOYER COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SUPERVISOR NAME:** \_\_\_\_\_ **REASON FOR LEAVING?** \_\_\_\_\_

**JOB DESCRIPTION:** \_\_\_\_\_ **FROM:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO      \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

**\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason** \_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

## WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

FOURTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_, STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS -- Include dates (month/year) and reason \_\_\_\_\_

FIFTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_, STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS -- Include dates (month/year) and reason \_\_\_\_\_

SIXTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_, STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS -- Include dates (month/year) and reason \_\_\_\_\_

\* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weighs or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 9 or more passengers, or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

\*\*Any gaps in employment and/or unemployment must be explained.

## WORK EXPERIENCE (ADDENDUM PAGE 1)

Driver Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

FOURTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

FIFTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

SIXTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

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\*\*Any gaps in employment and/or unemployment must be explained.

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Social Security Number: \_\_\_\_\_

FOURTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

FIFTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

SIXTH LAST EMPLOYER COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, CITY \_\_\_\_\_ STATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this job designated as a safety sensitive function in any DOT regulated mode subject to controlled substances and alcohol testing specified by 49 CFR Part 40? ☐ YES ☐ NO \*Was this job subject to FMCSA Regulations? ☐ YES ☐ NO

\*\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

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