

Previous Employee Safety Performance History

In compliance with the Department of Transportation regulations, 391.23 and 40.321 (b) & 40.25 (b), **CONNECT FREIGHT, INC. 2200 W 159TH ST MARKHAM, IL 60428, PHONE (708) 570-1650 & FAX (708) 570-1651** is requesting previous employee safety performance history and alcohol and controlled substances testing records for the past three years for the driver listed below.

*I authorize any and all previous employers to release and forward any information concerning my safety performance history and my alcohol and controlled substances testing records for the past three years to **Connect Freight, Inc.***

Driver Signature _____ Date: _____

Driver Identification:

Driver Name _____
Social Security # _____ DOB _____ DOT regulated
 Non-regulated

Previous Employer Information

Company Name: _____ Phone # _____
Contact Name: _____ Fax #: _____
Street: _____
City, State, Zip: _____
Employed From: _____ To: _____

Safety Performance History

There is no safety history to report
 Driver did not operate a motor vehicle

Driver operated: Straight truck Tractor – Trailer Cargo Tank Double/triples Other
Reason for leaving: Discharge Resignation Lay off Military

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

Drug and Alcohol Information

Yes No Has above driver tested positive for controlled substance in the last three years?
 Yes No Has above driver had an alcohol test with a Breath Concentration of 0.04 or greater in the last three years?
 Yes No Has above driver refused a required test for drugs or alcohol (including adulterated or substituted results) years?
 Yes No Has this person violated other DOT drug and alcohol regulation?
 Yes No Have you received information from a previous employer that this individual violated DOT drug and alcohol regulations?

If the answer is yes to any of the above please provide name, address and telephone # of SAP for further information.

Name: _____ Telephone# _____

Address: _____

****Completed by (Signature) _____ Title: _____

This form was Faxed to previous employer Mailed Emailed Date: _____

Information received from: _____ Date: _____

Recorded By: _____ Fax Mail Phone Email