

Please Print out and complete one form for each of your past employers during the last 10 years

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

Carrier Name: Pioneer Transportation Contact Person: Jody Lokemoen

Address: N2130 Hwy 17 City, State, Zip: Merrill, WI 54452

Phone #: (715) 536 - 9789 Confidential Fax #: (715) 536 - 3671

## Driver to complete this section

As a Commercial Motor Vehicle (CMV) Driver. I understand that per the Federal Motor Carrier Safety Regulations (FMCSR). Part 391.21. 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. 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 \_\_\_\_\_, hereby authorize this Company to release all records of employment. including assessments of my job performance.  
Print Name

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: \_\_\_/\_\_\_/\_\_\_

Applicants Signature

SSN or ID Number

D.O.B.

Today's Date

## Section 1 - Past Employer to complete >> Drug & Alcohol Information

Please provide the following Drug and Alcohol information as required by FMSCR part 391.23 & 40.25

If no Drug and Alcohol information is available on above named applicant, check here

- 1. Any alcohol test with a result of 0.04 or higher alcohol concentration?
- 2. Any verified positive drug test?
- 3. Any refusals to be tested (including verified adulterated or substituted drug test results)?
- 4. Any other violations of DOT agency drug & alcohol testing regulations? (Part 382 or Part 40)
- 5. If this Driver did successfully complete a SAP's rehabilitation referral and remained in your employ, did he/she have any subsequent violations for: an Alcohol test result of 0.04 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?
- 6. If yes to any of the above questions please provide documentation of successful completion of a SAP's evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.\*

\*if this information is not available from the previous employer, you as a prospective employer must get this information from the Driver/Applicant