

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

### PART 1 | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

#### Prospective Employee data:

First Name: <b>Slobodan</b>	Middle Name: <b>nvpCEEw17p</b>	Maiden Name: <b>ijQxjONqPR</b>	Last Name: <b>Juhas</b>
Social Security No: <b>aOSzkj5NKY</b>	Date of Birth:: <b>ynMuAgdfj2</b>		

#### Hereby authorize:

Previous Employer: **Second last employer nam**

Street: **Second last employer namSecond last employer nam Second last employer address**

City: **citi 555** State: **state 555** Zip: **zipp 555**

Email: **4y7sn@nrk1.com**

Email: **yqaaSiTKf7**

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from 6/29/2018.

- To:
  - Prospective Employer: **ABRAM EXPEDITED LLC**
  - Attention: **DARKO ABRAMOVIC**
  - Street: **5087 MATRIN LUTHER KING JR**
  - City, State, Zip: **FORT WORTH, TX 76119**
  - Telephone: **817-917-8735**

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

- Prospective employer's fax number: **214-988-1663**
- Prospective employer's email address: **office@abramexpedited.com**

### TO BE READ AND SIGNED BY APPLICANT

I authorize You To Make Sure Investigations And Inquiries To My Personal, Employment, Financial Or Medical History And Other Related Matters As May Be Necessary In Arriving At An Employment Decision. (Generally, Inquiries Regarding Medical History Will Be Made Only If And After A Conditional Offer Of Employment Has Been Extended.) I Hereby Release Employers, Schools, Health Care Providers And Other Persons From All Liability In Responding To Inquiries And Releasing Information In Connection With My Application.

In The Event Of Employment. I Understand That False Or Misleading Information Given In My Application Or Interview(S) May Result In Discharge. I Understand, Also, That I Am Required To Abide By All Rules And Regulations Of The Company.

\* I Understand That Information I Provide Regarding Current And/Or Previous Employers May Be Used, And Those Employer(S) Will Be Contacted, For The Purpose Of Investigating My Safety Performance History As Required By 49 Cfr 391.23(D) And (E). I Understand That I Have The Right To:

\* Review Information Provided By Current/Previous Employers;

\* Have Errors In The Information Corrected By Previous Employers And For Those Previous Employers To Re-Send The Corrected Information To The Prospective Employer; And

\* Have A Rebuttal Statement Attached To The Alleged Erroneous Information, If The Previous Employer(S) And I Cannot Agree On The Accuracy Of The Information."



Applicant's Signature

Date: 6/29/2018.

This information is being requested in compliance with §40.25(g) and 391.23

## PART 2 | TO BE COMPLETED BY PREVIOUS EMPLOYER

### ACCIDENT HISTORY

The applicant named above was employed by us. Yes    No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you? Yes    No    If yes, what type? Straight Truck    Tractor-Semitrailer    Bus    Cargo Tank  
Doubles/Triples    Other \_\_\_\_\_

2. Reason for leaving your employ: Discharged    Resignation    Lay Off    Military Duty    If there is no safety performance history to report, check here \_\_\_\_\_, sign below and return.

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

No.	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1					
2					
3					

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other remarks:

Signature:

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

## PART 3 | TO BE COMPLETED BY PREVIOUS EMPLOYER

### DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here \_\_\_\_\_, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? Yes    No
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? Yes    No
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or substance test? Yes    No
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? Yes    No
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed n program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. Yes    No
6. For a driver who successfully completed a 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? Yes    No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous previous 3 years prior to the application date shown on page 1

Name:

Company:

Street:

City, State, Zip:

Telephone:

Part 3 Completed by (Signiture):

Date:

## PART 4a | TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one)    Faxed to previous employer    Mailed    Emailed    Other \_\_\_\_\_

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

**PART 4b | TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Information received from:

Recorded by:

Method:   Fax   Mail   Email   Telephone

Date

Other