

SIDE 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTION 2 below, remove the carbon, turn form over to complete SECTIONS 3 and 4 (if applicable), and then return ply 1 to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Remove Ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name) _____ First, M.I., Last _____	Social Security Number _____ Date of Birth _____
hereby authorize:	
Previous Employer: _____	Email: _____
Street: _____	Telephone: _____
City, State, Zip: _____	Fax No.: _____
to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)	
To:	
Prospective Employer: <u>Moore Freight Service</u>	
Attention: <u>Paul</u>	Telephone: <u>800-330-9788</u>
Street: <u>2000 Eastbridge Blvd.</u>	
City, State, Zip: <u>Mascot, TN 37806</u>	
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 confidential fax number: <u>865-932-6276</u>	
Prospective employer's confidential email address: _____	
_____	_____
Applicant's Signature	Date

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER	
EMPLOYMENT VERIFICATION	
The applicant named above was or is employed or used by us. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as (job title) _____ from (m/y) _____ to (m/y) _____	
Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____	
Completed by: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Signature: _____ Date: _____	
If there is no safety performance history to report, check here <input type="checkbox"/> and return. Otherwise, complete Sections 3 and 4 on SIDE 2 before returning.	