

Section 3:

To Be Completed By Previous Employer

ACCIDENT HISTORY

Please provide the following information as required by 391.23(d)(2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 390.05(b)) that involved the applicant in the past 3 years. Previous employers may include additional detailed information on minor accidents or incidents at their discretion.

If there is no accident information for this driver, please check here.

Date	Location (Please give city, town, most near, and State)	Any Vehicles Towed	# of Injuries	# of Fatalities	HazMat Spill

Section 4:

To Be Completed By Previous Employer

DRUG AND ALCOHOL HISTORY

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25 for the previous 3 years from the date shown on side 1. In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the date shown on side 1.

If no drug and alcohol information is available on the applicant, check here.

	Yes	No
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol testing regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. If this person did successfully complete a SAP 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 refusal to be tested (including a verified adulterated or substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>

Section 5:

To Be Completed By Previous Employer

Please sign and date

Please print name

Title

Signature

Date