

COMPANY NAME: \_\_\_\_\_ DRIVER NAME: \_\_\_\_\_

## PREVIOUS EMPLOYER SAFETY CHECK

**EMPLOYER:** You have been identified as having employed or used the listed driver within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to DOT-regulated drug and alcohol testing. In accordance with 49 CFR §§40.25 and 391.23, we request 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.**

### APPLICANT:

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorizes:

Previous Employer: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

To: Limo & Bus Compliance on behalf of: (prospective employer) \_\_\_\_\_

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 email, or letter sent to: [file@lbcfleet.com](mailto:file@lbcfleet.com) LBC Fleet, Safety & Compliance  
2132 W Angelo Way  
Queen Creek, AZ 85142

### PREVIOUS EMPLOYER:

The applicant named above was employed by us. Yes No

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

1. Did he/she drive a motor vehicle for you? Yes No

If yes, what type? \_\_\_\_\_

2. Reason for leaving your employment:

Discharged      Resignation      Lay Off      Military Duty

**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.

No Accidents to Report

Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

COMPANY NAME: \_\_\_\_\_ DRIVER NAME: \_\_\_\_\_

Please provide information concerning any other accidents involving the applicant:

\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL AND CONTROLLED SUBSTANCE TESTING:**

Driver was not subject to the Department of Transportation testing requirements while employed by this employer.

Driver was subject to the 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 controlled 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 rehabilitation 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 employers in the previous 3 years prior to the application date shown on page 1.

**COMPLETED BY:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PROSPECTIVE EMPLOYER OR LBC:**

Attempt 1 DATE: \_\_\_\_\_ SENT BY: \_\_\_\_\_ METHOD: Faxed Mailed Emailed Phone

Attempt 2 DATE: \_\_\_\_\_ SENT BY: \_\_\_\_\_ METHOD: Faxed Mailed Emailed Phone

Attempt 3 DATE: \_\_\_\_\_ SENT BY: \_\_\_\_\_ METHOD: Faxed Mailed Emailed Phone

Attempt 4 DATE: \_\_\_\_\_ SENT BY: \_\_\_\_\_ METHOD: Faxed Mailed Emailed Phone

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_

Method: Fax Mail Email Telephone