

SAFETY PERFORMANCE HISTORY RECORDS REQUEST – SIDE 1

SECTION 1:

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ Social Security Number _____
 hereby authorize: _____ Date of Birth _____
 Previous Employer: _____ Email: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous three (3) years from _____ date of employment application.

To: _____
 Prospective Employer: SUPER K EXPRESS, LLP Telephone: _____
 Attention: BUTCH ADAMS 678-364-9005
 Street: P. O. BOX 610
 City, State, Zip: TYRONE, GA 30290

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: 678-364-9008
 Prospective employer's confidential email address: _____
 Applicant's Signature: _____ Date: _____

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

SECTION 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) _____

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Par. 40, check here.

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semi Trailer
 Bus Cargo Tank Doubles/Triples Other (Specify): _____

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 here if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of 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: _____