

Request for Driver's Safety Performance History Information from DOT Regulated Previous Employer(s)

SECTION II – Past Employer to Complete >> ACCIDENT INFORMATION

Please provide the following information as required by 391.23(d) (1) (2) on any accidents, as defined by 390.5 and/or from your Accident Register (FMCSR 391.15) which the above-named driver/applicant was involved within the past three years while under your employment. Previous employers may include additional detailed information on minor accidents/incidents at their discretion.

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

Date	Location (please give city/town or most near and state)	Any Vehicles Towed?	HazMat Spill?	# of Fatalities?	# of Injuries?

SECTION III– Past Employer to Complete >> WORK HISTORY INFORMATION

Please provide the following information on the above-name driver/applicant;

He/She was employed for you as a: _____ from ____ / ____ / ____ to ____ / ____ / ____

> If employed as a driver, what type of equipment did he/she operate?

Straight Trucks Tractor/Trailer Doubles Triples Other

Explain: _____

Type of trailer(s) pulled: _____

Was he /she a: Company Driver? Yes No Contractor? Yes No

Contractor's Driver? Yes No Other? Yes No

General area traveled: _____ Commodities transport: _____

> While under your employment was he/she:

a. Bonded: Yes No

b. Convicted of any traffic violations: Yes No

If yes, please list all, including date and type: _____

c. License(s) suspended, revoked or denied: Yes No

If yes, please explain: _____

> Reason for leaving: _____

> Would you re-employ this person: Yes No Upon Review

Please explain: _____

Additional Comments: _____

Previous Employer Representative Supplying Information:

Print Name Title

Signature Date

Please remember to retain a copy for your records; your timely response is appreciated.

Blachowske Truck Line

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Blachowske Truck Line, Inc. (BTL), BTL may obtain one or more reports regarding your driving and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If BTL uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, BTL will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, BTL will notify you that the action has been taken and that the action was based in part or in whole on this report. BTL cannot obtain background reports from FMCSA unless you consent in writing. If you agree that BTL may obtain such background reports, please read the following and sign below.

I authorize Blachowske Truck Line to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information, including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist Blachowske Truck Line in making a determination regarding my suitability as an employee.

I further understand that neither BTL nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <http://dataqs.fmcsa.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Blachowske Truck Line and I understand that if I sign this consent form, Blachowske Truck Line may obtain a report of my crash and inspection history. I hereby authorize Blachowske Truck Line and its employees, authorized agents and/or affiliates to obtain the information authorized above.

Signature _____

Date _____

Name _____

(Please Print)