

SAFETY PERFORMANCE HISTORY REQUEST

Prospective Employee: Complete **ONLY** Page 1 Part 1: Enter the required personal information in this section Sign and date.

Prospective Employer: Complete Page 1 Part 1b: **Make copies for each previous employer.** Use the employment application to complete the information and send to each DOT regulated previous employer and "temp agency" within the previous 3 years. Record the date and method of transmission. Attach fax copy and proof of transmission.

Previous Employer: Complete Page 2: Enter the required information in this section Sign, date, and return to Prospective Employer

Part 1

Completed By Prospective Employee/Employer

Employee's First Last Social Security Number Date of Birth

You have the following rights regarding the investigative information received from the previous employers

- (i) The right to review information provided by previous employers.
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and the driver cannot agree on the accuracy of the information.

You must submit a written request at any time within 30 days of employment or denial of employment to review this information.

Employee Signature _____ Date _____

Part 1 A

Prospective Employer

PATRON COMPLIANCE SOLUTIONS LLC. on behalf of:

PH: 800-588-1852 FAX: 904-269-7600 EMAIL: backgrounds@patroncompliance.com

Part 1 B

Previous Employer Information

Previous Employer: _____

Attention: _____ Telephone: _____ Fax No.: _____

Street: _____

City, State, Zip: _____

This Form was faxed mailed emailed Other _____ to the previous employer on _____ by _____.

This Form was faxed mailed emailed Other _____ to the previous employer on _____ by _____.

This Form was faxed mailed emailed Other _____ to the previous employer on _____ by _____.

Regulatory Requirements for Investigations and Inquiries §391.23(g)(1) **Starting on January 6, 2023** is partially satisfied by the **FMCSA CLEARINGHOUSE REPORTING** received via completion of the **FULL QUERY** for **PRE-EMPLOYMENT** purposes. **However**, this request continues to require previous employers to respond to each request, providing the requested information put forth by this document once it is received. If there is no records of employment to report for this employee for whatever reason, you are required to send a response confirming the non-existence of any evidence that the driver identified in **Part 1** was employed by the employer/motor carrier listed in **Part 1 B**.

We consider it a professional courtesy to respond to this request as quickly as possible and appreciate your prompt response regarding this matter.

INFORMATION REQUESTED BY:

REGARDING -

PRIOR EMPLOYEE NAME:

Was this employee subject to DOT testing While under your employment? Yes No

Please enter the date span the employee spent under your employment? MM/YY _____ to MM/YY _____

Part 2 Safety Performance History

What type of vehicle did he/she operate? If NONE – please mark this box - NONE Van Dump
 Straight Truck Tractor and Semi-Trailer List Other Vehicle Refer Flat
 Intermodal Equipment Motor Coach or School Bus Class Operated _____ Tank Other

REASON FOR LEAVING:

List all motor vehicle accidents that the employee was involved in during the 3 years preceding the date the application is submitted. If none – please check the box labeled “None”. - NONE

Date	Location (Most near City or Town)	Brief Accident Description	Number of Fatalities	Number of Injuries	HAZMAT Involved
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2 A List the Name and Contact information of the individual certifying the information in Part 2

Company: _____ Title: _____
 Name: _____ Telephone: _____
 Signature: _____ Date: _____