



SAFETY PERFORMANCE HISTORY RECORDS REQUEST DRUG/ALCOHOL TESTING AND ACCIDENT HISTORY

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print name) _____
Driver Name Social Security # Date of Birth

Hereby authorize my previous employer _____ to release and forward the information requested below concerning my alcohol and controlled substances testing and accident history records within the previous three (3) years from the date of my employment application which is _____ 2010 The information should be sent to my prospective employer **Perkins Specialized Transportation Inc** to the address, confidential fax or confidential e-mail shown below.

Applicant's signature: **X** _____ Date: _____

PART 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form is being (check one): Faxed Mailed E mailed Completed by Phone Other

By: **Angela Harlow** Date: _____
To Previous Employer: _____ Phone No.: _____
Street Address: _____ Fax No.: _____
City _____ State _____ Zip _____ E-mail: _____
Contact Name: _____ Title: _____

APPLICANT NAME: _____
Date of Birth: _____

Please take a moment and complete the information requested in Part 3. We would appreciate your prompt response. As you are aware, after October 29, 2004, failures to respond within 30 days to investigative requests for safety performance history will result in a complaint notification being filed with the Federal Motor Carrier Safety Administration using the complaint process specified at §386.12 of the Federal Motor Carrier Safety Regulations.

PLEASE SEND RESPONSES TO:

Company: **Perkins Specialized Transportation Inc** Phone No.: **800-321-7375**
14450 Getz Rd Fax. No.: **317-565-1747**
Street Address
Noblesville **IN** **46060** Attention: **Angela Harlow**
City State Zip

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

Did the above named applicant work for your company? YES NO

If yes, please state the actual dates of employment: FROM: _____ TO: _____

Did he/she drive a motor vehicle for your company? YES NO

If yes, please check the type(s) of vehicles operated: STRAIGHT TRUCK TRACTOR/SEMI-TRAILER
 CARGO TANK FLATBED DOUBLES/TRIPLES BUS OTHER (please specify) _____

Reason for leaving your company: DISCHARGE RESIGNATION LAY OFF MILITARY DUTY

Would this applicant be considered for employment with your company again? YES NO

If there is no safety performance history to report, check here , sign at the bottom of Part 3 on page 2 and return.