



TRANSPORTATION GROUP INC.

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RELEASE

Safety Performance History Records Request

To be completed by applicant:

APPLICANT: _____
ADDRESS: _____
SS# _____

I, (Print name) _____ hereby authorize: _____
to release and forward the information requested by this form concerning my Alcohol and Controlled substances Testing records
and previous employment performance history for previous three years. I hereby release this company from any and all liability of
any type as a result of providing the requested information.

Applicant's signature _____ Date _____

This information is being requested in compliance with §382.405, §382.413, §40.25 and §391.23.
Your reply will be held in strict confidence and will in no way involve you in any responsibility.

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Completed by: _____
Printed name Signature Date

For what period did applicant work for you: From _____ To _____ Never worked for us _____
Worked as _____

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

- 1. Was the applicant safe and efficient driver? [] Yes [] No
2. Give the dates of vehicle accidents in which he/she was involved. _____
3. Reason for leaving : [] Discharged [] Laid off [] Resigned
4. Was the applicant's general conduct satisfactory? _____
5. Did the Applicant drink any alcoholic beverages while on duty? [] Yes [] No
6. Were logs and paperwork submitted in a Satisfactory condition [] Yes [] No
7. Would you re-qualify this applicant to work for your company again? [] Yes [] No

- 1. Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? [] Yes [] No
2. Has the above named driver verified positive for a controlled substances test result? [] Yes [] No
3. Has the above named driver refused a required test for alcohol or drugs during the past 12 months? [] Yes [] No
4. Has this person violated any other DOT Agency Drug and Alcohol testing regulations to your knowledge? [] Yes [] No
5. Have you received information from a previous employer that this person has violated any DOT Drug and Alcohol Testing regulations? [] Yes [] No

If the answer to any of the above is yes, please identify the Substance Abuse Professional that administered treatment as required by the U.S. Department of Transportation.

_____ or () check
Please add any additional comments that you feel might be helpful:

1st attempt _____ 2nd attempt _____ 3rd attempt _____

This form was: Faxed [] E-mailed [] Phone []

By: _____ Date: _____