O&S TRUCKING, INC.

3769 E. Evergreen, Springfield, MO 65803
(800) 509-2021 (417) 864-4780
Please fax back to (417) 831-7767

SAFETY PERFORMANCE HISTORY INQUIRY Confidential authorization to release information

To:_____ ATTN:_____
(Previous Employer)
Address: _____ City & State: _____

Phone Number: _____ Fax Number: _____

APPLICANT'S NAME:_____ SSN:_____
(Please Print)

The person listed above has applied for a position with O&S Trucking, Inc. as an over the road driver. Pursuant to sections 391, 382, 40 and other DOT regulations, please provide the following information.

Dates of employment: _____ to _____ Type of equipment driven: _____
Type of freight: _____ States or area driven: _____
Company Driver: _____ O/O: _____ Driver for O/O: _____
Voluntary Quit: _____ Terminated:_____ If so, why? _____
Eligible for rehire? _____
If no, please explain: _____
_____
_____

Has this driver had any out of service for Hours of Service violations in the past 12 months? Yes No
Has the above-mentioned individual had any DOT recordable accidents as defined in 390.5? Yes No
Has the above-mentioned applicant had any accidents pursuant to your internal policies for minor accidents? Yes No
If yes, please supply information:_____
_____
_____

Please list any Accidents/Crashes in the past three (3) years. Attach a separate sheet if necessary. If none, state NONE.

DATE	TYPE/NATURE OF ACCIDENT – DESCRIPTION	TOW/EMS	LOCATION: Street or Hwy	City and State

Cargo Loss: _____ Equipment Loss: _____

I hereby authorize and request the above-mentioned employer to release ALCOHOL and CONTROLLED SUBSTANCES information as listed in 49 CFR Section 40.25(b) to the above named company. You are released from any and all liability, which may result from releasing such information. Per 49 CFR Section 40.25(h) you are required to immediately release this information.
REQUIRED INFORMATION FROM SECTION 382,413 and 40.25(b)

1. Has this person ever tested positive for controlled substances in the past three years during employment with your company? Y N
2. Has this person ever had a breath alcohol test result of .04 or greater in the past three years during employment with your company? Y N
3. Has this person ever refused a required test, including a verified adulterated substituted result, for drugs or alcohol testing in the past three years employment with your company? Y N
4. Have you received any information from prior employers regarding violations of drug/alcohol testing regulations? Y N
5. Any other violations of DOT agency drug and alcohol testing regulations including not hiring due to pre-employment positive results? Y N
6. Any documentation of the employee's DOT return to duty qualification? Y N

With reference to question 6, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Signed by: _____ Company: _____

Title: _____ Date: _____

Driver Signature: _____ Date: _____

Witness: _____ Date: _____