

2408 U.S. Hwy 59
Ida Grove, IA 51445



Phone: 712-364-3534
Fax: 712 364-2234

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

| SECTION 1: | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE |
|---|--|
| I, (Print Name) | _____ |
| | First, M.I., Last _____ Social Security Number _____ |
| Hereby authorize: | _____ |
| | _____ Date of Birth _____ |
| Previous Employer: | _____ Email: _____ |
| Street: | _____ Telephone: _____ |
| City, State, Zip: | _____ Fax: _____ |
| To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application) | |
| To: Prospective Employer: Hewitt Trucking, Ltd. Attention: Jay Greenwald Telephone: 712-364-3534 Street: 2408 U.S. Hwy 59 City, State, Zip: Ida Grove, Iowa 51445 | |
| In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. | |
| Prospective employer's confidential fax number: 712-364-2234 Prospective employer's confidential email address: htljay@netllcwb.net | |
| _____ | _____ |
| Applicant's Signature | Date |
| This information is being requested in compliance with §40.25 and §391.23. | |

| SECTION 2: | TO BE COMPLETED BY PREVIOUS EMPLOYER | | | |
|--|---|-----------------|-------------------|--------------|
| ACCIDENT HISTORY | | | | |
| The applicant named above was employed by us: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Employed as _____ from (m/y) _____ to (m/y) _____ | | | | |
| 1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ | | | | |
| If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return. | | | | |
| ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this driver. | | | | |
| Date | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Signature: _____ | | | | |
| Title: _____ Date: _____ | | | | |

