SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (print name) _____

                  First, M.I., Last   Date of Birth

Hereby authorize

Previous Employer: _____   Email: _____

Address: _____   Phone: _____

_____   Fax No.: _____

to release and send the information requested by section 2 of this document concerning my Accident History records with the previous 3 years from _____.

                              (Date of Employment Application)

To:

Prospective Employer: <u>Clarksville Montgomery County School System</u>

Attention: <u>Driver Safety Supervisor, Operations Department</u>

Street: <u>2620 Madison Street</u>   Telephone: 931-358-4218

City, State, Zip: <u>Clarksville, TN 37043</u>   Fax: 931-920-9786

In compliance with DOT regulations, release of this information must be in a written form that ensures confidentiality, such as fax or letter.

Prospective Employers confidential fax number: 931-920-7986

_____   _____

                  Applicant Signature   Date

SECTION 2

TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us.   Yes ____   No ____

1. Did he/she drive a motor vehicle for you?   Yes ___   No ___

If yes, what type? Straight Truck ___   Bus ___   Tractor – Semitrailer ___   Cargo Tank ___   Doubles/Triples ___

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Other (specify) _____

2. If there is no safety performance history to report, check here ___, sign below and return.

3. ACCIDENTS: Complete the following for any preventable accidents that involved personal injury or property damage in excess of $500.00 included on your accident register that involved the applicant in the 3 years prior to the application date shown above, or check here ___ if there is no accident register data for this driver.

Date	Location	Number of Injuries	Number of Fatalities	Hazmat Spill

Signature _____

Title _____

Date _____

SECTION 3

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ___ Faxed to previous employer   ___ Mailed   ___ Emailed   ___ Other

By: _____   Date: _____

SECTION 4

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below information when information is obtained.

Information received from: _____

Recorded by: _____ Method: ___ Fax ___ Mail ___ Telephone ___ Other

Date: _____