

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

*Section 1 to be filled out by prospective employee / applicant.*

### SECTION 1

### AUTHORIZATION

I, (Print Name) \_\_\_\_\_ SS# \_\_\_\_\_ hereby authorize:  
(First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 2 of this document concerning my Safety Performance History Records within the previous 3 years \_\_\_\_\_ to:

(Date of Employment Application)

Prospective Employer: A-Y Wood Products, Inc. Attn.: Brent Andres

Street Address: 2398 FM 2787 Phone: (936) 269-3581

City, State, Zip: Joaquin, TX 75954

In compliance with 49 CFR §§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: (936) 269-4003

Prospective employer's confidential email: bandres@a-ywood.com

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*Section 2 to be filled out by previous employer. This information is being requested in compliance with 49 CFR §§ 391.23.*

### SECTION 2

### ACCIDENT HISTORY

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

Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.

Did he/she drive motor vehicle for you? ☐ Yes ☐ No If yes, what type? ☐ Straight Truck ☐ Tractor/Semitrailer  
☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) 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	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: \_\_\_\_\_

*Sections 3 and 4 to be filled out by A-Y Wood Products.*

<b>SECTION 3</b>	<b>MODE OF COMMUNICATION</b>
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This form was sent to previous employer via (check one) ☐ Fax ☐ Mail ☐ Email ☐ Other \_\_\_\_\_  
By \_\_\_\_\_ Date: \_\_\_\_\_

<b>SECTION 4</b>	<b>RECEIPT INFORMATION</b>
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Complete the following when the requested information is obtained.

Information received from \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method: ☐ Fax ☐ Mail ☐ Email ☐ Phone  
Date: \_\_\_\_\_ ☐ Other \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SIDE 1 SECTION 1: *Prospective Employee***

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

**SIDE 1 SECTION 2: *Previous Employer***

- Complete the information required in this section
- Sign and date

**SIDE 2 SECTION 3: *Prospective Employer***

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

**SIDE 2 SECTION 4: *Prospective Employer***

- Record receipt of the information in SECTION 4
- Keep form on file for duration of the driver's employment and for three years thereafter