



22027 221ST ST.  
GLENWOOD, IA 51534  
P: 712.526.2065  
F: 712.526.2048  
LEICKCONSTRUCTION.COM

**INQUIRY INTO SAFETY PERFORMANCE HISTORY DATA**

**AUTHORIZATION/SPECIFIC WRITTEN CONSENT**

I, (print name) \_\_\_\_\_  
(First, middle, last)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*hereby authorize:*

Previous employer: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

to release and forward information requested within this document concerning my Alcohol & Drug Testing records under 49 CFR Part 40 within 3 years from \_\_\_\_\_.  
(date of employment application)

To: Prospective Employer: Leick Construction  
Attn: Megan Franks  
22027 221<sup>st</sup> St.  
Glenwood, IA 51534  
Fax: 712-526-2048 Email: [megan@leickconstruction.com](mailto:megan@leickconstruction.com)  
Phone: 712-526-2065

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality (i.e., fax, email, or letter).

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

\_\_\_\_\_  
Date



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**SAFETY PERFORMANCE HISTORY DATA**

Previous employers must complete the following three (3) areas and return within 30 days of receipt in accordance with 49 CFR §391.23(g).

If there is no Safety Performance History to report, check here and return.

**1. EMPLOYMENT VERIFICATION**

Was or is the above-mentioned applicant employed\* with your motorcarrier? Yes \_\_\_\_\_ No \_\_\_\_\_  
(\*Employed may be taken to mean utilized under your USDOT number, even though he/she was not an employee under other agency definitions such as IRS or DOL.)

Job title: \_\_\_\_\_ Dates employed: From (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.  
Did he/she operate a commercial motor vehicle for you? Yes \_\_\_ No \_\_\_ If yes, indicate type(s):  
Straight truck \_\_\_ Tractor-Semitrailer \_\_\_ Bus \_\_\_ Cargo Tank \_\_\_ Doubles/Triples \_\_\_  
Other (list) \_\_\_\_\_

Completed by: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. ACCIDENT HISTORY**

Please list any accidents included on your motor carrier's accident register (§390.15(b)) that involved the applicant. They must reflect all accidents three (3) years prior to the date of application indicated in the **AUTHORIZATION/SPECIFIC WRITTEN CONSENT** portion of this form on PAGE 1.

	Date	Location	No. of Injuries	No. of fatalities	Hazmat spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning other accidents not appearing on your accident register involving a commercial motor vehicle that were reported to government agencies or insurers or retained under company policies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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3. DOT DRUG & ALCOHOL TESTING HISTORY

If the applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed with you, check here and return.

In the three (3) years prior to the date of the employee's signature (see AUTHORIZATION/SPECIFIC WRITTEN CONSENT), for DOT-regulated testing:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

PROSPECTIVE EMPLOYER DOCUMENTATION

Date sent to former DOT-regulated employer: \_\_\_\_\_

Method: \_\_\_\_\_ Faxed \_\_\_\_\_ Emailed \_\_\_\_\_ Other \_\_\_\_\_

Sent by whom? \_\_\_\_\_

Title: \_\_\_\_\_

Subsequent attempts as a good faith effort: (explain) \_\_\_\_\_

Was the information returned by the former employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date received: \_\_\_\_\_

Method: \_\_\_\_\_ Faxed \_\_\_\_\_ Mailed \_\_\_\_\_ Emailed \_\_\_\_\_ Other \_\_\_\_\_