

Candidate: Complete Section 1 ONLY and return with application  
**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SIDE 1**

**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 No.:

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

To (date of employment application)

Prospective Employer: Ullman Oil Company, LLC

Attention: Paul E. Williams Telephone: 440-543-5711

Street: 9812 E Washington St

City, State, Zip: Chagrin Falls, OH 44023

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: 440-543-6549

Prospective employer's confidential email address: careers@ullmanoil.com

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  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. 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) \_\_\_\_\_

2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here  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  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: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**SIDE 2****SECTION 3:****TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here  fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?             | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4a:****TO BE COMPLETED BY ULLMAN OIL, LLC**

This form was (check one)  Faxed to previous employer.  Mailed.  Emailed.  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4b:****TO BE COMPLETED BY ULLMAN OIL, LLC**

Complete below when information is obtained.

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

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email

Date: \_\_\_\_\_

**INSTRUCTIONS TO COMPLETE 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 2 SECTION 4a: Prospective Employer**

- Complete the information
- Send a copy to the Previous Employer

**SIDE 1 SECTION 2: Previous Employer**

- Complete the information required in this section
- Sign and Date
- complete SIDE 2 SECTION 3

**SIDE 2 SECTION 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Retain a copy
- Return original to Prospective Employer

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

- Record receipt of the information
- Retain a copy

# 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 No.:

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

To \_\_\_\_\_ (date of employment application)

Prospective Employer: Ullman Oil Company, LLC

Attention: Paul E. Williams Telephone: 440-543-5711

Street: 9812 E Washington St

City, State, Zip: Chagrin Falls, OH 44023

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: 440-543-6549

Prospective employer's confidential email address: \_\_\_\_\_h careers@ullmanoil.com

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  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. 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) \_\_\_\_\_

2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty

If there is no safety performance history to report, check here , 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  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: \_\_\_\_\_

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

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

<b>SECTION 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER DRUG AND ALCOHOL HISTORY</b>			
If driver was <b>not</b> subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.				
Driver was subject to Department of Transportation testing requirements from _____ to _____.				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> </table>		<b>YES</b>	<b>NO</b>
	<b>YES</b>	<b>NO</b>		
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		
In answering these questions, include any DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on side 1.				
Name: _____ Company: _____ Street: _____ City, State, Zip: _____ Telephone: _____ Section 3 Completed by (Signature): _____ Date: _____				

<b>SECTION 4a:</b>	<b>TO BE COMPLETED BY ULLMAN OIL, LLC</b>
This form was (check one) <input type="checkbox"/> Faxed to previous employer. <input type="checkbox"/> Mailed. <input type="checkbox"/> Emailed. <input type="checkbox"/> Other _____	
By: _____ Date: _____	

<b>SECTION 4b:</b>	<b>TO BE COMPLETED BY ULLMAN OIL, LLC</b>
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____	Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email
Date: _____	

**INSTRUCTIONS TO COMPLETE 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 2 SECTION 4a: Prospective Employer**

- Complete the information
- Send a copy to the Previous Employer

**SIDE 1 SECTION 2: Previous Employer**

- Complete the information required in this section
- Sign and Date
- complete SIDE 2 SECTION 3

**SIDE 2 SECTION 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Retain a copy
- Return original to Prospective Employer

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

- Record receipt of the information
- Retain a copy

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 No.:

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

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Prospective Employer: Ullman Oil Company, LLC

Attention: Paul E. Williams Telephone: 440-543-5711

Street: 9812 E Washington St

City, State, Zip: Chagrin Falls, OH 44023

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: 440-543-6549

Prospective employer's confidential email address: careers@ullmanoil.com

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 No

Employed as from (m/y) to (m/y)

1. 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)

2. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here 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 if there is no accident register data for this driver.

Table with 5 columns: Date, Location, No. of Injuries, No. of Fatalities, Hazmat Spill. Rows 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:

Any other remarks:

Signature:

Title:

Date:

<b>SECTION 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
If driver was <b>not</b> subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.	
Driver was subject to Department of Transportation testing requirements from _____ to _____.	
	<b>YES      NO</b>
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/> <input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> <input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/> <input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/> <input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.	<input type="checkbox"/> <input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/> <input type="checkbox"/>
In answering these questions, include any DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on side 1.	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Section 3 Completed by (Signature): _____ Date: _____	

<b>SECTION 4a:</b>	<b>TO BE COMPLETED BY ULLMAN OIL, LLC</b>
This form was (check one) <input type="checkbox"/> Faxed to previous employer. <input type="checkbox"/> Mailed. <input type="checkbox"/> Emailed. <input type="checkbox"/> Other _____	
By: _____ Date: _____	

<b>SECTION 4b:</b>	<b>TO BE COMPLETED BY ULLMAN OIL, LLC</b>
Complete below when information is obtained.	
Information received from: _____	
Recorded by: _____	Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email
Date: _____	

**INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
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**SIDE 2 SECTION 4a: Prospective Employer**

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**SIDE 1 SECTION 2: Previous Employer**

- Complete the information required in this section
- Sign and Date
- complete SIDE 2 SECTION 3

**SIDE 2 SECTION 3: Previous Employer**

- Complete the information required in this section
- Sign and date
- Retain a copy
- Return original to Prospective Employer

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

- Record receipt of the information
- Retain a copy