SIDE 1

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

SECTION 1:	TO BE CO	MPLETED BY PROSPECT	TIVE EMPLOY	EE
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 within the previous 3	years from	section 3 of this document concerning i	my Alcohol and Cont	trolled Substances Testing records
То	(date of e	mployment application)		
Prospective Employer	: Ullman Oil Company, LLC			
Attention:	Paul E. Williams	Telephone: 440-543-57	11	
Street: City, State, Zip:	9812 E Washington St Chagrin Falls, OH 44023			
In compliance with §4 email, or letter.		se of this information must be made in a	written form that en	sures confidentiality, such as fax,
Prospective employer'	s confidential fax number: —	440-543-6549	ullmanoil.com	
Prospective employer'	s confidential email address:	n careers@i	ammanon.com	
	Applica	int's Signature		Date
This information is be	ing requested in compliance w	rith §40.25 and §391.23.		
SECTION 6	TO DE 0	OMBLETED BY BBENGOL	o EMPLOYER	
SECTION 2:	10 BE CO	OMPLETED BY PREVIOUS	SEMPLOYER	<b>(</b>
		ACCIDENT HISTORY		
		Yes No		
	from (r			
	otor vehicle for you? Yes bubles/Triples Other (Sp	No If yes, what type? Straight	nt Truck Tractor	-Semitrailer Bus
2. Reason for leaving			Military Duty	
		eck here sign below and return.		
		idents included on your accident register there if there is no accident register defined in the control of the		volved the applicant in the 3 years
Date		Location	No. of Injuries	No. of Fatalities Hazmat Spill
3				
Please provide informa	tion concerning any other acc	idents involving the applicant that were	reported to governm	ent agencies or insurers or retained
under internal company	naliaiaa	dents involving the approant that were		
1				
Any other remarks				
				Deter
		Title:		Date:

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER					
DRUG AND ALCOHOL HISTORY					
If driver was <b>not</b> subject to Department of Transportation testing requirements while employed by this employer, please check here dates of employment from to					
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?					
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?					
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?					
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?					
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.					
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?  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:					
NAME AND THE CONTRACTOR OF THE PARTY OF THE PARTY DEPOSIT AND THE COURSE DESCRIPTIONS.					

#### 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

# SIDE 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOY	EE_
I, (Print Name)		
	First, M.I., Last hereby authorize:	Social Security Number
Previous Employer:		Date Of Birth Email:
Street:		Telephone:
City, State, Zip:		Fax No.:
to release and forward within the previous 3	d the information requested by section 3 of this document concerning my Alcohol and Con	trolled Substances Testing records
То	(date of employment application)	
Prospective Employe	r: Ullman Oil Company, LLC	
Attention:	Paul E. Williams Telephone: 440-543-5711	
Street:	9812 E Washington St	
City, State, Zip:	Chagrin Falls, OH 44023	
email, or letter.	40.25(g) and §391.23(h), release of this information must be made in a written form that er	sures confidentiality, such as fax,
Prospective employer	s confidential fax number: 440-543-6549	
Prospective employer	s confidential email address: a careers@ullmanoil.com	
-	Applicant's Signature	Date
This information is be	ing requested in compliance with §40.25 and §391.23.	
SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	
	ACCIDENT HISTORY	
5.50	above was employed by us. Yes No	
	from (m/y) to (m/y)	
1. Did he/she drive m Cargo Tank D	otor vehicle for you? Yes No I If yes, what type? Straight Truck Tractor bubles/Triples Other (Specify)	-Semitrailer Bus D
2. Reason for leaving	your employ: Discharged Resignation Lay Off Military Duty	
If there is no safety pe	rformance history to report, check here, sign below and return.	
ACCIDENTS: Comp prior to the application	lete the following for any accidents included on your accident register (§390.15(b)) that in date shown above, or check here if there is no accident register data for this driver.	volved the applicant in the 3 years
Date	Location No. of Injuries	No. of Fatalities Hazmat Spill
3		
nder internal compan	tion concerning any other accidents involving the applicant that were reported to governm y policies:	_
Any other remarks:		
	Signature:	-
	Title:	
	***************************************	

OID I							
SECTION 3							
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							
	ent from to, complete bottom of Section 3, sign, and return.	, in in the					
	et to Department of Transportation testing requirements from to	ES NO					
	son had an alcohol test with a result of 0.04 or higher alcohol concentration?						
	son tested positive or adulterated or substituted a test specimen for controlled substances?						
<ol> <li>Has this pers substance tes</li> </ol>	son refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled st?						
4. Has this pers	son committed other violations of Subpart B of Part 382, or Part 40?						
	has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation our employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.						
subsequently In answering the	who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? ese questions, include any DOT drug or alcohol testing information obtained from previous employers in the previou ication date shown on side 1.	s 3 years					
Name:							
Company:							
Street:							
City, State, Zip:	Telephone:						
Section 3 Complete	ted by (Signature): Date:						
SECTION 4a	TO BE COMPLETED BY ULLMAN OIL, LLC						
This form was (che	eck one) Faxed to previous employer. Mailed. Emailed. Other						
By:	Date:						
SECTION 4b	TO BE COMPLETED BY ULLMAN OIL, LLC						
Complete below w	then information is obtained.						
Information receive	ed from:						
Recorded by:	Method: Fax Mail E	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

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### SIDE 1 SECTION 2: Previous Employer

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- · 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 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 (date of employment application) To Prospective Employer: Ullman Oil Company, LLC Attention: Telephone: 440-543-5711 Paul E. Williams Street: 9812 E Washington St Chagrin Falls, OH 44023 City, State, Zip: 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: careers@ullmanoil.com Prospective employer's confidential email address: Applicant's Signature Date This information is being requested in compliance with \$40.25 and \$391.23

SECTION 3					
TC duitage and a	DRUG AND ALCOHOL HISTORY				
If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here dates of employment from to					
Driver was subject	to Department of Transportation testing requirements from to	YES	NO		
	person had an alcohol test with a result of 0.04 or higher alcohol concentration?				
2. Has this perso	2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?				
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?					
4. Has this perso	s this person committed other violations of Subpart B of Part 382, or Part 40?				
	has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation our employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.				
6. For a driver w subsequently In answering the	who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? se questions, include any DOT drug or alcohol testing information obtained from previous employers in the previous date shown on side 1.	ous 3 year	rs		
Name:					
Company:					
Street:					
City, State, Zip:	Telephone:				
Section 3 Complete	d by (Signature): Date:				
SECTION 4a	TO BE COMPLETED BY ULLMAN OIL, LLC				
This form was (che	ck one) Faxed to previous employer. Mailed. Emailed. Other				
Ву:	Date:				
SECTION 4b	TO BE COMPLETED BY ULLMAN OIL, LLC				
Complete below wh	en information is obtained.				
Information receive	d from:				
		Email			
Date:					
	INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST				
SIDE 1 SECTION	N 1: Prospective Employee SIDE 2 SECTION 3: Previous Employee	-			
SIDE I DECITO	SIDE 2 SECTION 5: Previous Employer	ė.			

- · 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

- · 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