

Application for Employment for CDL Drivers

Logo

Careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. Please complete the entire application. Print in ink. Ask for an extra piece of paper if you need to clarify any responses. Your application must also specify the position for which you are applying. Stating that you will do "Anything" is indefinite and may result in your application not being accepted by the employer. Your application will be considered for sixty (60) days.

Today's Date		Time	
Last Name		First Name	Middle Name
Email:			
Social Security # *		Date of Birth *	Telephone #
Current Address			Dates of Residency
All Other Addresses During the Last 3 Years			
Previous Addresses		Dates of Residency	
1.			
2.			
3.			
Job(s) Applied For:			
1.		Rate of Pay Expected: \$ _____ per _____	
2.		Rate of Pay Expected: \$ _____ per _____	
Do you want to work:		If applying only for part-time, what days and hours?	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
Have you ever applied for work with us before?		If yes, when?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any skills, qualifications, or experience which you feel especially fit you for work with us?			

*The Federal Motor Carrier Safety Regulations (49 CFR 392.21(b)(2)) that CDL applicants provide their SS# and date of birth.

U.S. Armed Forces Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch	Duties
Rank at time of Enlistment	Rank at time of Discharge
Were you honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please explain: <i>(An other than honorable discharge will not be an automatic bar to employment.)</i>
Are you able to do the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please explain:
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain when, where, and the nature of the offense: <i>(Conviction of a crime will not be an automatic bar to employment.)</i>
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, when can you start?

EDUCATION				
School	Name of School	Highest Grade Completed or Degree Obtained	City/State	Course of Study
Grammar				
High School				
College				
Other				

DRIVER INFORMATION

List the issuing State, number, and expiration date of each commercial motor vehicle operator's license or permit you have held during the last three (3) years:

State	Number	Type of CDL (A or B)	Endorsements (T, N or X)	Restrictions (L, Z, E or O)	Expiration Date

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the last three (3) years:

Date	Description

List all motor vehicle accidents in which you were involved during the last three (3) years, specifying the date and nature of each accident and any fatalities or personal injuries it caused:

Date	Description	Fatalities or Personal Injuries

Please describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi-trailers, full trailers, and pole trailers) which you have operated:

Have you ever been disqualified under the Federal Motor Carrier Safety Regulations?

Yes No

Have you ever been convicted of driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?

Yes No

Have you ever tested positive, or refused to test, on any pre-employment drug test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by DOT drug and alcohol testing rules?

Yes No

Have you experienced the denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you?

Yes No

If "yes" to any of the above, please set forth in detail all facts and circumstances:

PRIOR WORK EXPERIENCE

* NOTICE TO APPLICANT*

The information you provide in response to this question may be used, and your prior employers may be contacted, for the purpose of investigating your background as required by State and/or Federal Motor Carrier Safety Regulations. You are hereby notified that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 391.23 (d) and (e):

- 1) The right to review information provided by previous employers;
- 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I HAVE READ AND UNDERSTAND THESE RIGHTS.

Applicant's Signature _____

Please list the names and addresses of your employers during the last 10 years, together with the dates of employment and the reasons for leaving such employment:

Last Employer	
Name	Dates of Employment
Address	Position Held
Supervisor Name	Phone
Starting Pay	Final Pay
Applicant was subject to FMCSRs while employed by above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	

Second to Last Employer	
Name	Dates of Employment
Address	Position Held
Supervisor Name	Phone
Starting Pay	Final Pay
Applicant was subject to FMCSRs while employed by above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	

Third to Last Employer	
Name	Dates of Employment
Address	Position Held
Supervisor Name	Phone
Starting Pay	Final Pay
Applicant was subject to FMCSRs while employed by above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	

Fourth to Last Employer	
Name	Dates of Employment
Address	Position Held
Supervisor Name	Phone
Starting Pay	Final Pay
Applicant was subject to FMCSRs while employed by above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	

Fifth to Last Employer	
Name	Dates of Employment
Address	Position Held
Supervisor Name	Phone
Starting Pay	Final Pay
Applicant was subject to FMCSRs while employed by above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	

Sixth to Last Employer	
Name	Dates of Employment
Address	Position Held
Supervisor Name	Phone
Starting Pay	Final Pay
Applicant was subject to FMCSRs while employed by above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving	

****Attach additional pages as may be necessary to include all previous employers during the last 10 years.**

BUSINESS REFERENCES		
Name	Address/Telephone #	Occupation

APPLICANT'S CERTIFICATION AND AGREEMENT

Please Read Carefully:

1. Certification of Truthfulness. I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed or if employed will result in my dismissal.
2. Authorization for Employment / Educational Information. I authorize the references listed in the Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give the CHIPPEWA County Road Commission any and all information, or any other pertinent information, they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing any lawful information to the County Road Commission. I hereby waive written notice that employment information is being provided by any person or organization.
3. Employment at Will. If I am hired, in consideration of my employment, I agree to abide by the rules and policies of the CHIPPEWA County Road Commission, including any change made from time to time, and agree that, subject to the provisions of any written agreement to the contrary, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the CHIPPEWA County Road Commission or myself. I understand that no manager or other representative of the CHIPPEWA County Road Commission, other than the Managing Director, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the Managing Director must be made in writing to be effective.
4. Authorization to Work. If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. Need for Accommodation. If I am a person with a disability who requires an accommodation to perform the job, I must notify the CHIPPEWA County Road Commission of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me under state but not federal law from alleging that the CHIPPEWA County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the CHIPPEWA County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the CHIPPEWA County Road Commission determine it is necessary to do so.
7. Release of Medical Information. I authorize every medical doctor, physician or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, x-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization, or institute which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.

8. Physical Exam and Drug and Alcohol Testing. I agree that if a job offer is made to me I will, before commencing employment, take a physical exam and authorize the CHIPPEWA County Road Commission or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand the decisions concerning my employment will be made as a result of this test. I further authorize any physician or entity conducting such testing to release the results of such testing to the CHIPPEWA County Road Commission.

9. Psychological / Physical Testing. If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the CHIPPEWA County Road Commission.

10. Driving Record Check. If applying for a position that requires driving a CHIPPEWA County Road Commission vehicle, I authorize the CHIPPEWA County Road Commission and its agents the authority to make investigations and inquiries of my driving record.

11. Fringe Benefits. In accepting employment with the CHIPPEWA County Road Commission, I agree to accept all fringe benefits when eligible as provided now or in the future. I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing address, telephone numbers or contact arrangements, withholding exemptions and dependent information. The CHIPPEWA County Road Commission shall rely on the most recent information for all purposes.

12. Credit Report. I understand that the CHIPPEWA County Road Commission or its agents may make an investigative inquiry whereby information is obtained through interviews with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period² of time to receive additional detailed information about the nature and scope of the investigation.

13. Consideration of Employment. I understand that my application will be considered pursuant to the CHIPPEWA County Road Commission's normal procedures for a period OF SIXTY (60) DAYS. IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.

14. Limitation of Action. I agree that I shall not commence any action or other legal proceeding related to my employment or the termination thereof more than six (6) months after the event complained of, and I voluntarily waive any statute of limitations which is longer to the contrary.

I HAVE READ AND UNDERSTAND ITEMS #1 THROUGH #14 ABOVE, AND ACKNOWLEDGE THAT WITH MY SIGNATURE BELOW.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date

Applicant's Signature