

## APPLICATION FOR EMPLOYMENT FOR CDL DRIVERS

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.

<b>TODAY'S DATE:</b> _____	<b>TIME:</b> _____
<b>NAME:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Last)</span> <span>(First)</span> <span>(Middle)</span> </div>	
<b>E-MAIL ADDRESS:</b> _____	<b>TELEPHONE #:</b> _____
<b>CURRENT ADDRESS:</b> _____	<b>LENGTH OF TIME AT ADDRESS:</b> _____
<b>ALL OTHER ADDRESSES DURING THE LAST 3 YEARS:</b>	
<u>PREVIOUS ADDRESSES</u>	<u>LENGTH OF TIME AT ADDRESS</u>
<b>Job(s) Applied For:</b>	
1. _____	Rate of Pay Expected: \$ _____ per _____
2. _____	Rate of Pay Expected: \$ _____ per _____
<b>Do you want to work:</b> <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME?	
<b>If applying only for part-time, what days and hours?</b>	
<b>Have you ever applied for work with us before?</b>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO      If yes, when?

**Please list all skills, qualifications or experience which you feel especially fit you for work with us?**

**U.S. ARMED FORCES SERVICE?     YES     NO**

**Branch:**

**Duties:**

**Rank at time of enlistment:**

**Rank at time of discharge:**

**Were you honorably discharged?    YES     NO**

**If not, please explain:**

*(An other than honorable discharge will not be an automatic bar to employment.)*

**Are you able to do the job for which you are applying?:    YES     NO**

**If not, please explain:**

**Have you ever been convicted of a crime?:     YES     NO**

**If yes, explain when, where, and the nature of the offense:**

*(Conviction of a crime will not be an automatic bar to employment.)*

**Do you have current and unrestricted authorization to work in the United States?:**

**YES     NO**

**If hired, when can you start?**

EDUCATION				
SCHOOL	NAME OF SCHOOL	HIGHEST GRADE COMPLETED OR DEGREE OBTAINED	City/State	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
OTHER				

**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 & Phone:**

**Position Held & Job Responsibilities:**

**Supervisor Name:**

**Starting Pay:**

**Final Pay:**

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by above employer?**

YES       NO

**Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?**

YES       NO

**Reason for leaving:** \_\_\_\_\_

**Second to Last Employer**

**Name:**

**Dates of  
Employment:**

**Address & Phone:**

**Position Held & Job Responsibilities:**

**Supervisor Name:**

**Starting Pay:**

**Final Pay:**

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by above employer?**

YES       NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES       NO

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Third to Last Employer**

**Name:**

**Dates of  
Employment:**

**Address & Phone:**

**Position Held & Job Responsibilities:**

**Supervisor Name:**

**Starting Pay:**

**Final Pay:**

Were you subject to the Federal Motor Carrier Safety Regulations while employed by above employer?

YES       NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES       NO

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Fourth to Last Employer**

**Name:**

**Dates of  
Employment:**

**Address & Phone:**

**Position Held & Job Responsibilities:**

**Supervisor Name:**

**Starting Pay:**

**Final Pay:**

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by above employer?**

YES       NO

**Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?**

YES       NO

**Reason for leaving:** \_\_\_\_\_

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**Fifth to Last Employer**

**Name:**

**Dates of  
Employment:**

**Address & Phone:**

**Position Held & Job Responsibilities:**

**Supervisor Name:**

**Starting Pay:**

**Final Pay:**

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by above employer?**

YES       NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES       NO

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Sixth to Last Employer**

Name:

Dates of  
Employment:

Address & Phone:

Position Held & Job Responsibilities:

Supervisor Name:

Starting Pay:

Final Pay:

Were you subject to the Federal Motor Carrier Safety Regulations while employed by above employer?

YES       NO

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES       NO

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

***\*\*Attach additional pages as may be necessary to include all previous employers.***

### **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:

<u><b>State</b></u>	<u><b>Number</b></u>	<u><b>Expiration Date</b></u>

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:

<u><b>Date</b></u>	<u><b>Description</b></u>

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:

<u><b>Date</b></u>	<u><b>Description</b></u>	<u><b>Fatalities or Personal Injuries</b></u>

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: \_\_\_\_\_

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- 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:

<b><u>BUSINESS REFERENCES</u></b>		
<b>List 3 references, other than family members, who have knowledge of your work/safety habits.</b>		
<b>NAME</b>	<b>ADDRESS/TELEPHONE NUMBER</b>	<b>OCCUPATION</b>

## 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 Marquette 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 Marquette 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 Marquette 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 County Road Commission or myself. I understand that no manager or other representative of the 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 Marquette 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 Marquette County Road Commission has not accommodated me as required by law.
6. Criminal Records Check. I agree to execute an authorization for the Marquette County Road Commission to secure criminal conviction history from the appropriate law enforcement agency should the County Road Commission determine it is necessary to do so.
7. 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 Marquette 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 that 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 County Road Commission.
8. 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 Marquette County Road Commission.
9. Driving Record Check. If applying for a position that requires driving Marquette County Road Commission vehicle, I authorize the Marquette County Road Commission and its agents the authority to make investigations and inquiries of my driving record, including obtaining a copy of my Motor Vehicle

Record.

10. FMCSA Clearinghouse Pre-Employment Query. I understand that Marquette County Road Commission must conduct a pre-employment query of the FMCSA Clearinghouse about me before allowing me to perform any safety-sensitive function for the Road Commission. I further understand that this must be a full query, requiring me to give specific electronic consent at <http://clearinghouse.fmcsa.dot.gov>. If I fail to give such consent, any job offer made to me will be withdrawn. I further understand that decisions concerning my employment will be made as a result of this query.

11. Fringe Benefits. In accepting employment with the Marquette 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 Marquette County Road Commission shall rely on the most recent information for all purposes.

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

13. 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 #13 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