

**COMMERCIAL MOTOR VEHICLE OPERATOR  
APPLICATION FOR EMPLOYMENT**

COMPANY Town of Sharon STREET ADDRESS 15 School Street

CITY, STATE AND ZIP CODE Sharon, VT 05065

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**LICENSE INFORMATION**

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_



# Employment History and CDL Drug & Alcohol Testing Request Form

Your Entity Name	Town of Sharon		
Mailing Address	PO Box 250		
Telephone & Fax #s	802.763.8268 ext 4		
Contact Person	Nicola Shipman		
Email Address	selectboard@sharonvt.net		
Driver Applicant Name		Social Security #	

I hereby authorize and request [Enter Name of Prior Employer, Address & Telephone #]

to release any and all information pertaining to my employment records to the above requesting prospective employer as required by 49 CFR Section 391.23 and Section 40.25(b). You are released from any and all liability which may result from releasing such information. The Federal Motor Carrier Safety Regulations require that this information be released as part of the Driver Qualification Process. Per 49 CFR Section 40.25(h), you are required to immediately release this information to the above requesting employer.

### **Guidance to Prior Employers**

Per 391.23(f) the driver's written consent is provided to the previous employer to ensure the proper release of information required by FMCSA regulations. (g) Employers must:

(g)(1) Respond to each request for the DOT defined information in paragraphs (d) and (e) of this section within 30 days after the request is received (Drug and Alcohol Testing Information must be immediately released). If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(g)(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(g)(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(g)(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

Driver Printed Name: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

# Employment History and CDL Drug & Alcohol Testing Request Form

## Employment History

If the individual listed was not a CDL driver or in a safety sensitive position that required him/her to be in a DOT Drug & Alcohol Testing program, check here:

The above applicant states that he/she was employed by you between the following dates:

From: \_\_\_\_\_ To \_\_\_\_\_

Please indicate the following:

1. Commercial Motor Vehicle Type

- |  |  |
|--|--|
| <input type="checkbox"/> Straight Truck<br><input type="checkbox"/> Van<br><input type="checkbox"/> Flatbed<br><input type="checkbox"/> Dump Truck/Logging Truck<br><input type="checkbox"/> Other (please indicate vehicle type(s)) _____ | <input type="checkbox"/> Tractor/Semi trailer<br><input type="checkbox"/> Bus<br><input type="checkbox"/> Cargo/Tanker |
|--|--|

2. Was the applicant safe and efficient?  Yes  No

Remarks:

3. Did the applicant have any motor vehicle accidents while in your employ?  Yes  No  
 If yes, please describe details, outcome, and severity of accident.

4. Reason for leaving your employ:  Discharged  Laid off  Resigned  
 Other (please describe):

Please rate the driver for the following characteristics, using a check mark:

Characteristics	Excellent	Average	Poor
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

# Employment History and CDL Drug & Alcohol Testing Request Form

## Controlled Substance and Alcohol Testing Information—sections 382.413 and 40.259(b)

1. Was the above named individual in a random DOT compliant drug & alcohol testing program during his/her employment with your company?  Yes  No
2. Has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater while in your employ?  Yes  No
3. Has the above named individual had a controlled substance test with a positive result while in your employ?  Yes  No
4. Has the above individual refused a controlled substance test or alcohol test while in your employ?  Yes  No
5. Other violations of DOT Agency Drug and Alcohol testing regulations?  Yes  No  
Addition Info Attached  Yes  No
6. Do you have documentation of the employee's successful completion of the 49 CFR Subpart O return to duty requirements?  Yes  No  Not Applicable

With Reference to **question number 5**, please identify the Substance Abuse Professional you referred the driver to if he/she tested positive or refused testing.

Name:	
Mailing Address	
Phone #	

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Prior Employer Official Title: \_\_\_\_\_

NOTE: You are required to release this information immediately per 49 CFR 382.405(f) & 40.25(h). Fines and penalties for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b).

We reserve the right to notify the US DOT Federal Motor Carrier Safety Administration in the event the above information is not received.

Reply Mailed On: \_\_\_\_\_

Verified by Phone:  Yes  No

Person Contacted: \_\_\_\_\_

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

# **Applicant Acknowledgement of Drug & Alcohol Testing Requirement**

Job Title Applied for: \_\_\_\_\_

Municipality: \_\_\_\_\_

I understand that as a condition of employment, I must successfully complete a drug test as required by 49 CFR Part 655, Part 382 and Part 40, when requested by the employer. I also understand that the employer may administer an optional pre-employment alcohol test if they so desire.

I understand that a negative drug test is required before I will be permitted to perform safety-sensitive duties. If a pre-employment alcohol test is administered, I understand that it must also be negative. I also understand that if I fail the required drug test or optional alcohol test that I will be eliminated from consideration for the above position and any contingent offer of employment for that position will be withdrawn.

Printed Applicant Name: \_\_\_\_\_

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

Printed Name (Witness): \_\_\_\_\_

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

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

## **General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_ hereby provide consent to Company listed below (herein "Company") to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent authorizes the Company to conduct multiple limited queries for the duration of my employment with the Company. The number of queries authorized is unlimited, unless otherwise specified.

I understand that if the limited query conducted by the Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Company to conduct a limited query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

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

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Phone Number

\_\_\_\_\_  
Company Street Address

\_\_\_\_\_  
Company City, State & Zip Code