COMMERCIAL MOTOR VEHICLE OPERATOR APPLICATION FOR EMPLOYMENT

OMPANY Town of S	3haron	STREET ADDRESS	15 School	ol Stre	et		
	Sharon, VT 05065						
AME							
(FIRST)	(MIDDLE)	((Maiden Nar	ne, if any	/)		(LAST)
DDRESS							HOW LONG?
(STREET)		(CITY)			TE & ZIP CODE		
	SOCIAL SECURIT						
ELEPHONE NUMBER		E-MAIL ADDRESS					
		PREVIOUS THREE YEA	ARS RESIDEN	ICY			
TREET)		CITY) ((S	TATE & ZIP COI	DE)	# YEARS
TREET)		(CITY)		(S	TATE & ZIP COI		# YEARS
, TDEET\		CITY			# YEARS		# YEARS
TREET)	•	(CITY) (ATTACH SHEET IF MORE	SPACE IS NEE	-	TATE & ZIP COI	JE)	
ection 383 21 FMCSR sta	tes, "No person who operate	LICENSE INFOR es a commercial motor		l at anv t	ime have more	than one	e driver's license" I ce
	an one motor vehicle licens						
STATE	LICENS	SE NO.		TYPI	Ε	EX	KPIRATION DATE
		DRIVING EXPE	ERIENCE				
	SS OF	TYPE OF EQUIPME	NT (VAN,		DATES		APPROX. NO. OF
EQUI	PMENT	TANK, FLAT, E	TC.)	FROM		ТО	MILES (TOTAL)
STRAIGHT TRUCK							
TRACTOR AND SEMI-TRA	JLER						
TRACTOR – TWO TRAILE	RS						
OTHER							
	ACCIDENT DECORD FOR DA	ST 2 VEARS OR MORE	/ATTACH CH		ODE CDACE IC	NEEDED)	
DATES	ACCIDENT RECORD FOR PA		NUMB		NUMBER	NEEDED	CHEMICAL SPILLS
-	(HEAD-ON, REAR-EN		FATALI		INJURIES		
						YES	S O NO O
						VE(
						YES	5 □ NO □
						YES	S □ NO □
TDA	THE CONVECTIONS AND FOR	DESITUDES FOR THE DAG	CT 2 VEADS (OTUED 1	THAN DADWING	C VIOLATI	ONC)
DATE CONVICTED	FFIC CONVICTIONS AND FOR VIOLATION	STATE OF V		OTHER	HAN PARKING	PENA	
(month/year)		LOCATION			(forfeited be	ond, colla	teral and/or points)
	_						
	(A	TTACH SHEET IF MORE	SPACE IS N	EEDED)			
Have you ever been o	denied a license, permit or p	rivilege to operate a mo	otor vehicle?	?			YES NO
yes, explain							
Has any license, perm	nit or privilege ever been sus	spended or revoked?					YES NO
yes, explain							
,p							

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must LAST EMPLOYER: NAME	list the complete mailing address: street number and	name, city, state and zip coo	de.
		PHONE	
		FROM	TO
REASONS FOR LEAVING			
ANY GAPS IN EMPLOYMENT AND	OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE D	DATES (MONTH/YEAR) AND R	EASON.
Was the previous job position de	Motor Carrier Safety Regulations (FMCSRs) while emplosignated as a safety sensitive function in any DOT regulaby 49 CFR Part 40? Yes \Box No \Box		
SECOND LAST EMPLOYER: NAME			
ADDRESS		PHONE	
		FROM	TO
REASONS FOR LEAVING	<u></u>		
ANY GAPS IN EMPLOYMENT AND	OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE D	DATES (MONTH/YEAR) AND R	EASON.
Was the previous job position det testing requirements as required	Motor Carrier Safety Regulations (FMCSRs) while emplosignated as a safety sensitive function in any DOT regular by 49 CFR Part 40? Yes \Box No \Box	ated mode, subject to alcoho	
ADDRESS		PHONE	
POSITION HELD		FROM	10
REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND	OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE D	DATES (MONTH/YEAR) AND R	EASON.
Was the previous job position destesting requirements as required I authorize you to make sure inversary be necessary in arriving at an offer of employment has been expresponding to inquiries and relea. In the event of employment, I ununderstand, also, that I am required understand that information I put the purpose of investigating my sowers are review information provided. • Have errors in the information prospective employer; and	Motor Carrier Safety Regulations (FMCSRs) while employing a safety sensitive function in any DOT regular by 49 CFR Part 40? Yes No Signated BY APPL Stigations and inquiries to my personal, employment, find employment decision (generally, inquiries regarding intended). I hereby release employers, schools, health casing information in connection with my application. Identify that false or misleading information given in mote to abide by all rules and regulations of the Company provide regarding current and/or previous employers mafety performance history as required by 49 CFR 391.23 by current/previous employers; and corrected by previous employers and for those previous tached to the alleged erroneous information, if the previous tached to the alleged erroneous information, if the previous tached to the alleged erroneous information, if the previous tached to the alleged erroneous information, if the previous tached to the alleged erroneous information, if the previous tached to the alleged erroneous information in the previous tached to the alleged erroneous information in the previous to the alleged erroneous information in the previous tached to the alleged erroneous information in the previous to the alleged erroneous information in the previous tached to the alleged erroneous information in the previous tached to the alleged erroneous information in the previous tached to the alleged erroneous information in the previous tached to the alleged erroneous information in the previous employers.	ICANT inancial or medical history an nedical history will be made our providers and other persony application or interview(s) y. hay be used, and those employand and (e). I understand that ous employers to re-send the	d other related matters as only if and after a conditional ns from all liability in may result in discharge. I eyer(s) will be contacted, for t I have the right to:
 Have a rebuttal statement at the information." 	tached to the alleged erroneous information, if the pre	vious employer(s) and I canno	ot agree on the accuracy of
DATE	APPLICANT'S SIGNATURE		
This certifies that I completed thi	s application, and that all entries on it and information	in it are true and complete to	the best of my knowledge.
DATE	APPLICANT'S SIGNATURE		

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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	Social Security #			
Name				
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 En	<u>mployers</u>			
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 him/her to be in a DOT Dru			n that required		
The above applicant states that he/she was employed by you between the following dates:					
From: To _	From: To				
Please indicate the following:					
1. Commercial Motor	1. Commercial Motor Vehicle Type				
Straight Truck Van Flatbed Dump Truck/Loggin Other (please indica	•	Tractor/Semi trailer Bus 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	Attitude				

Employment History and CDL Drug & Alcohol Testing Request Form

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

	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? \square Yes \square 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.	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			
		estion number 5, please identify the Substance Abuse Professional you f he/she tested positive or refused testing.		
Name:				
	A 11			
1,16011111	5 11441055			
Phone				
Phone	#	Date:		
Phone	# l by:	Date:		
Phone	# l by:			
Phone Signed Printed	# by:	Date:		
Phone Signed Printed Prior E NOTE:	# I by: I Name: Employer Offici	Date:		
Printed Prior F NOTE: 40.25(h) We rese	# I by: I Name: Employer Offici You are required t). Fines and penalt	al Title: o release this information immediately per 49 CFR 382.405(f) & ies for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b). tify the US DOT Federal Motor Carrier Safety Administration in the event the above		
Printed Prior F NOTE: 40.25(h) We rese	# H by:	al Title: o release this information immediately per 49 CFR 382.405(f) & ies for not releasing this information is found in 49 CFR 382.507 under 49 USC 521(b). tify the US DOT Federal Motor Carrier Safety Administration in the event the above		
Printed Printed Prior F NOTE: 40.25(h) We rese informated	# H by:	Date:		
Prior E NOTE: 40.25(h) We rese informate Reply Verifie	# I by:	Date:		

Applicant Acknowledgement of Drug & Alcohol Testing Requirement

Job Title Applied for:
Municipality:
I 1 4 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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

l,		to Company listed below (herein	
"Company") to conduct a limited query of the Clearinghouse (Clearinghouse) to determine exists in the Clearinghouse. This consent aut the duration of my employment with the Co	whether drug or alcohol vi horizes the Company to co	olation information about me nduct multiple limited queries for	
unless otherwise specified.	mpany. The number of que	ries authorized is unimitted,	
I understand that if the limited query conductinformation about me exists in the Clearingh		_	
Company without first obtaining additional s	specific consent from me.		
I further understand that if I refuse to provid the Clearinghouse, the Company must prohi driving a commercial motor vehicle, as requi	bit me from performing saf	ety-sensitive functions, including	
		, , , , , , , , , , , , , , , , , , ,	
O'maratama			
Signature	Date		
Driver's License Number	State of Issue	Date of Birth	
Company Name	Company	Phone Number	
Company Street Address	Company	Company City, State & Zip Code	