

**COMMERCIAL MOTOR VEHICLE OPERATOR  
APPLICATION FOR EMPLOYMENT**

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

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

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

| DATE CONVICTED<br>(month/year) | VIOLATION | STATE OF VIOLATION<br>LOCATION | PENALTY<br>(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 \_\_\_\_\_



## Applicant Acknowledgement of Drug & Alcohol Testing Requirement

Job Title Applied for: HIGHWAY MAINTENANCE CREW MEMBER

Municipality: TOWN OF MIDDLETOWN SPRINGS VT

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: \_\_\_\_\_