

# CITY OF HURON • CDL SUPPLEMENTAL APPLICATION

**PREVIOUS EMPLOYMENT** - According to 49 CFR Chapter 3, Section 383.35 any person applying for employment as an operator of a commercial motor vehicle shall provide the information specified below at the time of application for employment. **Go back AT LEAST 10 years** preceding the date of this application. Add additional pages if necessary.

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
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May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
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Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**CDL Holder Background and Character Investigation.** The applicant must provide the following information when applying for a position requiring a CDL:

Applicant's Date of Birth:

Addresses of residence back at least three years:

Issuing State, number and expiration date of each unexpired CDL of the applicant:

Nature and extent of the applicant's experience in the operation of motor vehicles including type of equipment operated.

List all motor vehicle accidents in which the applicant has been involved in the three years preceding the date of this application. Specify the date of each accident and any fatalities or personal injuries received / caused.

List all violations of motor vehicle laws or ordinances (other than parking violations) of which the applicant was convicted or forfeited bond or collateral during the past three years preceding the date of this application:

State the circumstances in detail of any denial, revocation, or suspension of any driving license, permit or privilege to operate any motor vehicles or provide a statement that no such denial, revocation or suspension has taken place:

Have you tested positive for drugs or alcohol on a pre-employment test: YES  NO

Have you refused to be tested for drugs or alcohol on a pre-employment test: YES  NO

Have you tested positive for drugs and alcohol and not completed the appropriate return-to-duty process? YES  NO

**DISCLAIMER AND SIGNATURE**

As an applicant for a position with the City of Huron that requires a Commercial Drivers License, I understand that the information provided here may be used, and that my previous employers may be contacted, for the purpose of investigating my driving and work history. I certify that this application information was completed by me, and that all entries on it and the information presented in it are true and complete to the best of my knowledge. I authorize and release from liability all employers to provide information requested by the City of Huron in its processing of this application.

**YOU MUST SIGN THIS APPLICATION – UNSIGNED APPLICATIONS MAY BE DISQUALIFIED.**

Signature

Date