

## APPLICATION FOR MUNICIPAL CMV/CDL EMPLOYMENT

Attach extra sheets if more space is needed for any of the following answers.

### **Employer Information:**

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person Phone #: \_\_\_\_\_

### **Applicant Information:**

Print Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

CDL License #, Issuing State, and Expiration Date: \_\_\_\_\_

Current Street Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Addresses of residences for past three years:

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

### **Nature and Extent of Driving Experience**

<u>Type of equipment</u>	<u>Date from:</u>	<u>Date to:</u>	<u>Total miles driven:</u>

### **Commercial Motor Vehicle Accident Record (49 CFR 390.5) for past 3 years**

<u>Date of accident:</u>	<u>Nature of accident</u>	<u># Fatalities</u>	<u># Injuries</u>

### **Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures in past 3 years**

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

Over ...

### **Operating Privileges**

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes \_\_\_\_ No \_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked?

Yes \_\_\_\_ No \_\_\_\_

If any answer is "Yes", applicant must attach a statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred.

### **Previous employers last 3 years for all CMV applicants**

Employer \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was this job subject to FMCSRs? (i.e., CMV) (\_\_\_\_) Yes / (\_\_\_\_) No

Was this job subject to U.S. DOT random testing? (i.e., CDL) (\_\_\_\_) Yes / (\_\_\_\_) No

### **For CDL applicants, previous employers for the 7 years before the 3 years above:**

Employer \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was this job subject to FMCSRs? (i.e., CMV) (\_\_\_\_) Yes / (\_\_\_\_) No

Was this job subject to U.S. DOT random testing? (i.e., CDL) (\_\_\_\_) Yes / (\_\_\_\_) No

### **TO BE READ AND SIGNED BY APPLICANT**

By signing 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.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Today's Date

**NOTE:** This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.