

City of Barre
Commercial Motor Vehicle Operator
Application for Employment
6 N. Main St Barre, VT 05641

NAME :

| | | |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

ADDRESS

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

MAILING ADDRESS IF DIFFERENT

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

CONTACT INFORMATION

Home Phone (____) ____ - _____

Cell Phone (____) ____ - _____

Email Address _____

PREVIOUS THREE YEARS OF RESIDENCY

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

Date Available for Work _____ Full Time Part Time Temporary

Are you available to work overtime Yes No

SECURITY AND CITIZENSHIP

Can you, after an offer of employment , submit an birth certificate or other proof of US Citizenship Yes No

If not, are you legally permitted to work in the U.S.? Yes No

If you are a citizen of the United States and are hired to work, you will be required prior to starting employment to furnish documentation that you are a legal resident and are legally entitled to work in the U.S.

EDUCATION AND TRAINING

High School

Name of Last High School _____ Location _____

Did you earn a diploma or GED Yes No

If not what was the highest level completed 9th, 10th or 11th _____ Date left _____

College or University

Name _____ Location _____

Did you earn a diploma Yes No

Years attended _____ Degree _____ Date left _____

Major _____ Minor(s) _____

Other (Graduate, trade School, etc)

Name _____ Location _____

Length of Course _____ Was it completed Yes No

Date _____ Subject(s) _____

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 vehicles license, the information for which is listed below

| STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|-------|----------------|------|-----------------|
| | | | |

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (Van, Tank, Flat, etc.) | FROM | DATES TO | APPROXIAMATE NUMBER OF MILES (TOTAL) |
|--------------------------|---|------|----------|--------------------------------------|
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI TRAILER | | | | |
| TRACTOR –TWO TRAILERS | | | | |
| OTHER | | | | |

ACCIDENT RECORD FOR THE PAST THREE YEARS OR MORE (attach sheet if more space is needed)

| DATES | NATURE OF ACCIDENT (head on, rear end, upset, etc.) | NUMBER OF FATALITIES | NUMBER INJURES | 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"/> |

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 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 3 (three) years. You must give the same information for all employers you have driven commercial motor vehicle for the 7 (seven) years prior to the initial 3 (three) years (total of 10 (ten) years employment record.

Must list the complete mailing address: street number and name, city state and zip Code

LAST EMPLOYER:

Name _____

Address _____ Phone (____) _____ - _____

Position Held _____ From _____ To _____

Reason for Leaving _____

Any gaps in employment and/or unemployment must be explained. Include dates(Month/Year) and Reason

Were you subject to Federal Motor Carrier Safety Regulations(FMCSR's)While employed by this employer? YES NO

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES NO

SECOND EMPLOYER:

Name _____
Address _____ Phone (____) ____ - _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Any gaps in employment and/or unemployment must be explained. Include dates(Month/Year) and Reason

Were you subject to Federal Motor Carrier Safety Regulations(FMCSR's)While employed by this employer? YES NO

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES NO

THIRD EMPLOYER:

Name _____
Address _____ Phone (____) ____ - _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Any gaps in employment and/or unemployment must be explained. Include dates(Month/Year) and Reason

Were you subject to Federal Motor Carrier Safety Regulations(FMCSR's)While employed by this employer? YES NO

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES NO

FOURTH EMPLOYER:

Name _____
Address _____ Phone (____) ____ - _____
Position Held _____ From _____ To _____
Reason for Leaving _____
Any gaps in employment and/or unemployment must be explained. Include dates(Month/Year) and Reason

Were you subject to Federal Motor Carrier Safety Regulations(FMCSR's)While employed by this employer? YES NO

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? YES NO

FIFTH EMPLOYER:

Name _____

Address _____ Phone (____) ____-_____

Position Held _____ From _____ To _____

Reason for Leaving _____

Any gaps in employment and/or unemployment must be explained. Include dates(Month/Year) and Reason

Were you subject to Federal Motor Carrier Safety Regulations(FMCSR's)While employed by this employer? YES NO

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by49 CFR part 40? YES NO

The following information will be provided at the time of an interview (Please do not fill in this section)

Date of Birth ___/___/_____

SSN# _____

PERSONAL INFORMATION

This section will be required after start of employment. (Please do not fill in this section)

Marital Status: Married Single Place of Birth _____

Sex _____

Person to notify in case of Emergency _____

Contact Phone Number(s) Home_(____)_____ Cellular (____)_____

TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make sure investigations and inquires to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision (generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

If employed , I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the City of Barre.

I understand that information I provide regarding current and/ or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR391.23(d) and (e). I understand that I have the right to:

- Review information provided by current / previous employers
- Have errors in the information corrected by previous employer and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

DATE

APPLICANT S SIGNATURE

This certifies that I completed this 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