

CHEBOYGAN COUNTY STRAITS REGIONAL RIDE APPLICATION FOR EMPLOYMENT FOR CDL DRIVERS

The County of Cheboygan is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, disability, or any other protected category.

TODAY'S DATE: _____

LAST NAME ▲

FIRST NAME ▲

MIDDLE NAME ▲

SOCIAL SECURITY #▲

DATE OF BIRTH ▲

TELEPHONE #▲

CURRENT ADDRESS ▲

and

DATE OF RESIDENCY ▲

ALL OTHER ADDRESSES DURING THE LAST 3 YEARS ▼

PREVIOUS ADDRESSES ▼

DATES OF RESIDENCY ▼

JOB(S) YOU ARE APPLYING FOR? _____

RATE OF PAY EXPECTED? \$ _____ PER _____

DO YOU WANT TO WORK? FULL-TIME PART-TIME

IF YOU ARE APPLYING FOR PART-TIME ONLY, WHAT DAYS AND HOURS ARE YOU INTERESTED IN WORKING? _____

HAVE YOU EVER APPLIED FOR WORK WITH US BEFORE? YES NO

IF YES, WHEN? _____

LIST ANYONE YOU KNOW WHO WORKS FOR US ▼

1. _____
2. _____
3. _____

PRIOR WORK EXPERIENCE

NOTICE TO APPLICANT: The information you provide in response to this question may be used and your prior employers may be contacted, for the purpose of investigating your background as required by State and/or Federal Motor Carrier Safety Regulations. You are hereby notified that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 23 (d) and (e).

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the employer and for that previous employer to re-send the corrected information to the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information. If the previous employer and the driver cannot agree on the accuracy of the information;

I HAVE READ AND UNDERSTAND MY RIGHTS AS LISTED ABOVE.

APPLICANT'S SIGNATURE

PLEASE LIST THE **LAST (6) SIX** NAMES AND ADDRESSES OF YOUR EMPLOYERS DURING THE **LAST TEN YEARS**, TOGETHER WITH THE DATES OF EMPLOYMENT AND THE REASON FOR LEAVING SUCH EMPLOYMENT. IF NECESSARY, ATTACH ADDITIONAL PAGES TO INCLUDE ANY OTHER PREVIOUS EMPLOYERS THAT YOU ARE NOT ABLE TO LIST HERE.

LAST EMPLOYER ▲ AND DATES OF EMPLOYMENT ▲

ADDRESS OF THE ABOVE LISTED EMPLOYER ▲

SUPERVISOR(S) NAME ▲ AND PHONE NUMBER ▲

WAS APPLICANT SUBJECT TO FMCSR(S) WHILE EMPLOYED BY THE ABOVE EMPLOYER? YES NO

WAS JOB DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? YES NO

REASON FOR LEAVING? _____

SECOND TO LAST EMPLOYER ▲ AND DATES OF EMPLOYMENT ▲

ADDRESS OF THE ABOVE LISTED EMPLOYER ▲

SUPERVISOR(S) NAME ▲ AND PHONE NUMBER ▲

WAS APPLICANT SUBJECT TO FMCSR(S) WHILE EMPLOYED BY THE ABOVE EMPLOYER? YES NO

WAS JOB DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? YES NO

REASON FOR LEAVING? _____

THIRD TO LAST EMPLOYER ▲ AND DATES OF EMPLOYMENT ▲

ADDRESS OF THE ABOVE LISTED EMPLOYER ▲

SUPERVISOR(S) NAME ▲ AND PHONE NUMBER ▲

WAS APPLICANT SUBJECT TO FMCSR(S) WHILE EMPLOYED BY THE ABOVE EMPLOYER? YES NO

WAS JOB DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? YES NO

REASON FOR LEAVING? _____

FOURTH TO LAST EMPLOYER ▲ AND DATES OF EMPLOYMENT ▲

ADDRESS OF THE ABOVE LISTED EMPLOYER ▲

SUPERVISOR(S) NAME ▲ AND PHONE NUMBER ▲

WAS APPLICANT SUBJECT TO FMCSR(S) WHILE EMPLOYED BY THE ABOVE EMPLOYER? YES NO

WAS JOB DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? YES NO

REASON FOR LEAVING? _____

FIFTH TO LAST EMPLOYER ▲ AND DATES OF EMPLOYMENT ▲

ADDRESS OF THE ABOVE LISTED EMPLOYER ▲

SUPERVISOR(S) NAME ▲ AND PHONE NUMBER ▲

WAS APPLICANT SUBJECT TO FMCSR(S) WHILE EMPLOYED BY THE ABOVE EMPLOYER? YES NO

WAS JOB DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? YES NO

REASON FOR LEAVING? _____

SIXTH TO LAST EMPLOYER ▲ AND DATES OF EMPLOYMENT ▲

ADDRESS OF THE ABOVE LISTED EMPLOYER ▲

SUPERVISOR(S) NAME ▲ AND PHONE NUMBER ▲

WAS APPLICANT SUBJECT TO FMCSR(S) WHILE EMPLOYED BY THE ABOVE EMPLOYER? YES NO

WAS JOB DESIGNATED AS SAFETY SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? YES NO

REASON FOR LEAVING? _____

DRIVER INFORMATION: LIST THE ISSUING STATE NUMBER AND EXPIRATION DATE OF EACH COMMERCIAL MOTOR VEHICLE OPERATOR'S LICENSE OR PERMIT YOU HAVE HELD DURING THE LAST THREE (3) YEARS.

STATE	NUMBER	EXPIRATION DATE

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN VIOLATIONS INVOLVING ONLY PARKING) OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE LAST THREE (3) YEARS:

DATE	DESCRIPTION

☞ LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE (3) YEARS, SPECIFYING THE DATE AND NATURE OF EACH ACCIDENT AND ANY FATALITIES OR PERSONAL INJURIES IT CAUSED:

DATE	DESCRIPTION	FATALITIES OR PERSONAL INJURIES

☞ PLEASE DESCRIBE THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES, INCLUDING THE TYPE OF EQUIPMENT (SUCH AS BUSES, TRUCKS, TRUCK TRACTORS, SEMI TRAILERS, FULL TRAILERS AND POLE TRAILERS) WHICH YOU HAVE OPERATED:

☞ HAVE YOU EVER BEEN DISQUALIFIED UNDER THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO

☞ HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL, A NARCOTIC DRUG, AMPHETAMINES OR METHAMPHETAMINE'S OR DERIVATIVES THEREOF? YES NO

☞ HAVE YOU EVER TESTED POSITIVE OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN SAFETY-SENSITIVE WORK COVERED BY DOT DRUG AND ALCOHOL TESTING RULES? YES NO

☞ HAVE YOU EXPERIENCED THE DENIAL, REVOCATION OR SUSPENSION OF ANY LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR OR VEHICLE THAT HAS BEEN ISSUED TO YOU? YES NO

IF YES TO ANY OF THE ABOVE LISTED QUESTIONS, PLEASE EXPLAIN IN DETAIL ALL FACTS AND CIRCUMSTANCES:

BUSINESS REFERENCES

NAME	ADDRESS/TELEPHONE NUMBER	OCCUPATION

of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand the decisions concerning my employment will be made as a result of this test. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Cheboygan County Straits Regional Ride.

9. **PSYCHOLOGICAL/PHYSICAL TESTING:** If offered employment, I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Cheboygan County Straits Regional Ride.
10. **DRIVING RECORD CHECK:** If applying for a position that requires driving a Cheboygan County Straits Regional Ride vehicle, I authorize Cheboygan County Straits Regional Ride and its agents the authority to make investigations and inquiries of my driving record.
11. **FRINGE BENEFITS:** In accepting employment with Cheboygan County Straits Regional Ride, I agree to accept all fringe benefits when eligible as provided now or in the future. I understand that it is my responsibility to provide documentation for verification of eligibility for fringe benefits as well as information regarding mailing address, telephone numbers or contact arrangements, withholding exemptions and dependent information. Cheboygan County Straits Regional Ride shall rely on the most recent information for all purposes.
12. **CREDIT REPORT:** I understand that Cheboygan County Straits Regional Ride or its agents may make an investigative inquiry whereby information is obtained through interviews with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation.
13. **CONSIDERATION OF EMPLOYMENT:** I understand that my application will be considered pursuant to Cheboygan County Straits Regional Ride normal procedures for a period of sixty (60) days. **IF I AM STILL INTERESTED IN EMPLOYMENT THEREAFTER, I MUST REAPPLY.**
14. **LIMITATION OF ACTION:** I agree that I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six (6) months after the event complained of and I voluntarily waive any statute of limitations to the contrary.

I acknowledge with my signature below, that I have read and understand items one (1) through fourteen (14) as listed above, my signature below also certifies that this application was completed by me and that all entries on it and information in it are true and complete to best of my knowledge.

▲ Applicant's Signature

▲ Date Signed

Revised 9 / 2007