# SUPPLEMENTAL APPLICATION FOR EMPLOYMENT REQUIRING A CDL
## (Truck or Bus)
## CITY OF KINGSTON

NAME _____
(FIRST NAME) (MIDDLE) (LAST NAME)

ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOW LONG _____ TELEPHONE # _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____ EMAIL _____

**PREVIOUS THREE YEARS RESIDENCY**

_____ # YEARS _____
(STREET) (CITY, STATE & ZIP)

_____ # YEARS _____
(STREET) (CITY, STATE & ZIP)

_____ # YEARS _____
(STREET) (CITY, STATE & ZIP)

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**LICENSE INFORMATION**

| STATE | LICENSE # | TYPE | EXPIRATION DATE |
|---|---|---|---|
| | | | |

**DRIVING EXPERIENCE**

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, BUS, ETC.) | DATES FROM TO | APPROX. # OF MILES (TOTAL) |
|---|---|---|---|
| STRAIGHT TRUCK OR BUS | | | |
| 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 (HEAD-ON, REAR-END, UPSET, ETC.) | NUMBER FATALITIES | NUMBER INJURIES | CHEMICAL SPILLS |
|---|---|---|---|---|
| | | | | YES NO |
| | | | | YES NO |
| | | | | YES NO |

**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 privileges 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 heavy equipment for the City of Kingston requiring a CDL must provide the following information on all employers you have driven a commercial motor vehicle for the previous three years.

**Must list the complete mailing address: street number and name, city, state and zip code.**

LAST EMPLOYER: NAME _____

ADDDRESS _____ PHONE _____

POSITION HELD _____ FROM ____ TO _____ SALARY _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ___Yes ___ No

Was the 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 LAST EMPLOYER: NAME _____

ADDDRESS _____ PHONE _____

POSITION HELD _____ FROM ____ TO _____ SALARY _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? ___Yes ___ No

Was the 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 LAST EMPLOYER: NAME _____

ADDDRESS _____ PHONE _____

POSITION HELD _____ FROM ____ TO _____ SALARY _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer?

____ Yes _____ No

Was the 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

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

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

"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 CFR 391.23(d) and (e). I understand the I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers 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**

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.