

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME	FROM	FROM	
ADDRESS	MO.	YR.	MO.
CITY	STATE	ZIP	POSITION HELD
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING

EMPLOYER		DATE	
NAME	FROM MO. YR.	FROM MO. YR.	
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER		DATE				
NAME		FROM	FROM	MO.	YR.	
ADDRESS		MO.	YR.	MO.	YR.	
CITY	STATE	ZIP	POSITION HELD			
CONTACT PERSON		PHONE NUMBER	SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING			

EMPLOYER		DATE	
NAME	FROM	FROM	
ADDRESS	MO.	YR.	MO.
CITY	STATE	ZIP	POSITION HELD
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING

EMPLOYER		DATE					
NAME		FROM		FROM			
ADDRESS		MO. YR.		MO. YR.			
CITY	STATE	ZIP	POSITION HELD				
CONTACT PERSON		PHONE NUMBER		SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO				REASON FOR LEAVING			

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) _____ (CITY) _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
B. Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of 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.

In the event of employment, 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 Company.

Date

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED

REJECTED

DATE EMPLOYED

POINT EMPLOYED

DEPARTMENT

CLASSIFICATION

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE**

1. APPLICATION

SUPERIOR GOOD FAIR BELOW AVERAGE POOR WRITTEN RECORD ON FILE

2. INTERVIEW

1. APPLICATION	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND						
TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER

TERMINATION OF EMPLOYMENT

DATE TERMINATED

DEPARTMENT RELEASED FROM

DISMISSED

VOLUNTARILY QUIT

OTHER

TERMINATION REPORT PLACED IN FILE

SUPERVISOR

REQUEST/CONSENT OF INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL/DRUG TESTING
SECTION 1: PROSPECTIVE EMPLOYEE

This release authorized by

First _____ M.I. _____ Last _____ Social Security Number _____
hereby authorize that _____

Previous Employer _____ Address _____

City, State, Zip _____ Telephone _____ Fax No. _____

may release and forward information requested in section 2 (below) of this document, concerning my Federal Department of Transportation alcohol and controlled substances testing records to:

NEWAYGO COUNTY ROAD COMMISSION _____ **935 EAST ONE MILE ROAD** _____
Prospective Employer Street _____

WHITE CLOUD, MI 49349 _____ **231-689-6682** _____ **231-689-5994** _____
City, State, Zip _____ Telephone _____ Fax No. _____

Applicant Signature

Date

This is in compliance with Title Code Part 382 of Federal DOT Regulations. Sec. 382.413

(a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers.

(b) An employer shall obtain, pursuant to a driver's consent, information of the driver's alcohol tests with a concentration result of 0.04% or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under Sec. 382.401 (b) (1) (i) through (iii).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

	YES	NO
• Has this person been in a DOT random testing pool in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
• Has this person ever been tested positive for a controlled substance in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
• Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04% or greater in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
• Has this person ever refused a required test for drugs or alcohol in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above questions, please give the Substance Abuse Professional's (SAP) name, address and phone number for further reference.

Name _____ Street _____

City, State, Zip _____ Telephone _____ Fax No. _____

SECTION 3: TO BE COMPLETED AND RETURNED TO PROSPECTIVE EMPLOYER/AGENT

This form was faxed mailed to previous employer. Date: _____
Complete this form when information is received.

information received from

recorded by

date

Method: Faxed Mail Personal Interview Telephone

PREVIOUS EMPLOYER COMPLETE AND RETURN TO PROSPECTIVE EMPLOYER/AGENT

NEWAYGO COUNTY ROAD COMMISSION, 935 EAST ONE MILE ROAD, WHITE CLOUD, MI 49349

References

Please list three professional associates who we may contact for an employment reference; these individuals should have personal knowledge of your work experience and fit for the position for which you are applying.

Name	Relationship	Telephone	Employer