

DRIVER APPLICATION FORM

COMPANY NAME **LAPEER COUNTY ROAD COMMISSION** Location: Region/District/Branch _____
COMPANY ADDRESS 820 DAVIS LAKE ROAD, LAPEER, MICHIGAN 48446
Street City State Zip

TO BE READ AND SIGNED BY APPLICANT

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 employer, 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.

"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 that 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 at the information."

Signature _____ Date _____

NAME

Last First Middle

Phone Number

ADDRESS

Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY

Street City State Zip Number of Years

Street City State Zip Number of Years

Employment History

(Use Additional Employment History Information form if necessary)

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address; street number and name, city, state and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
Month/Year Month/Year

Reasons for Leaving _____

Were you subject to the FMCSRs ** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

* ACCOUNT FOR PERIOD BETWEEN JOBS - _____
Include dates (month/year) and reason

CONTINUED ON BACK

SECOND LAST EMPLOYER: Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
Month/Year Month/Year

Reasons for Leaving _____

Were you subject to the FMCSRs ** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

* ACCOUNT FOR PERIOD BETWEEN JOBS - _____
Include dates (month/year) and reason

THIRD LAST EMPLOYER: Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
Month/Year Month/Year

Reasons for Leaving _____

Were you subject to the FMCSRs ** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

* ACCOUNT FOR PERIOD BETWEEN JOBS - _____
Include dates (month/year) and reason

* Any gaps in employment and/or unemployment must be explained.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

Driving Experience

If no driving experience within the last 3 years — check here

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		OR	APPROXIMATE NUMBER OF MILES
		FROM	TO		
Straight Truck	Van, Reefer, Tank, Flat				
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat				
Tractor - Two Trailers	Van, Reefer, Tank, Flat				
Tractor - Three Trailers	Van, Reefer, Tank, Flat				
Motorcoach - School Bus (Greater than 8 passengers)	N/A				
Motorcoach - School Bus (Greater than 15 passengers)	N/A				
Other:	Van, Reefer, Tank, Flat				

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 vehicle license, the information for which is listed below.

_____ State _____ License Number _____ Expiration Date _____

Do you have a Group A, B or C CDL? _____ Endorsements? _____

List restrictions on your CDL (Applies to CDL's obtained after July 8, 2015)_____

Date available for employment: _____

Are you 18 years old or older? () No () Yes (*Proof of eligibility to work will be required.*)

Are there any reasons you may have difficulty in performing, with or without accommodation, any of the major duties of the job(s) for what you have applied? () No () Yes If yes,

Explain:_____

Education:

School Attended	Address	Major

References:

Name	Title	Company Address & Phone Number

I certify that the information contained in this Application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with company policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that no representative of the company, other than the Manager, Superintendent or Board of the Lapeer County Road Commission, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature _____

Date _____