

APPLICATION FOR CMV/CDL EMPLOYMENT
 All information must be obtained. Attach extra sheets if more space is
 needed for any of the following answers.

Employer Information:

Name Snyder Township
 Street Address 15706 Rt. 28
 City, State, Zip Brockway PA 15824
 Contact Person Phone #: 814-265-1819

Applicant Information:

Print Applicant's Name _____

Date of Birth _____

Current Address _____
 (Street) (City) (State) (Zip)

Addresses for past three years:

Address _____
 (Street) (City) (State) (Zip)

Address _____
 (Street) (City) (State) (Zip)

Nature and Extent of Driving Experience			
Type of equipment	Date from:	Date to:	Total miles driven:

List all Valid Commercial Motor Vehicle Licenses and/or Permits		
Issuing State	License Number	Expiration Date

Commercial Motor Vehicle Accident Record (49 CFR 390.5) for past 3 years			
Date of accident:	Nature of accident	# Fatalities	# Injuries

Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures in past 3 years			
Location	Date	Charge	Penalty

Over ...

Operating Privileges

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes ___ No ___

Has any license, permit, or privilege ever been suspended or revoked?

Yes ___ No ___

Did you have a positive pre-employment drug or alcohol test in the past two years?

Yes ___ No ___

If any answer is "Yes", attach a statement giving details, including contact information for your counselor.

Record of CMV Employment for Past 10 Years

Note: If this employee has no history of CMV employment in last 3 years, check here ().
Otherwise, make additional copies as needed.

Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this job subject to FMCSRs (i.e., CMV)? (Y) (N) [If "Yes," send "Form Safety"]

Was this job subject to U.S. DOT random testing (i.e., CDL)? (Y) (N) [If "Yes," send "Form Results"]

2nd Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this job subject to FMCSRs (i.e., CMV)? (Y) (N) [If "Yes," send "Form Safety"]

Was this job subject to U.S. DOT random testing (i.e., CDL)? (Y) (N) [If "Yes," send "Form Results"]

TO BE READ AND SIGNED BY APPLICANT

By signing below, I certify 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.

Applicant's signature

Today's Date

NOTE: This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers, and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.