

At-Will Employment Application  
 for  
 Department of Public Works/Commercial Drivers

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDRESSES**

List your addresses of residence for the last 3 years:

How Long:

\_\_\_\_\_ to \_\_\_\_\_  
*Street City State Zip Mo/Yr Mo/Yr*

\_\_\_\_\_ to \_\_\_\_\_  
*Street City State Zip Mo/Yr Mo/Yr*

\_\_\_\_\_ to \_\_\_\_\_  
*Street City State Zip Mo/Yr Mo/Yr*

\_\_\_\_\_ to \_\_\_\_\_  
*Street City State Zip Mo/Yr Mo/Yr*

**EDUCATION**

Circle highest grade completed: High School – 1 2 3 4 College – 1 2 3 4 or GED

Last school attended: \_\_\_\_\_  
*Name City State*

**DRIVING EXPERIENCES** (Place an "X" next to all the equipment classes that apply)

X	Class of Equipment	Type of Equipment	Dates		Approximate Total Number of Miles
			From: mm/yy	To: mm/yy	
	Strait Truck	van - tank - flat - dump - refer			
	Semi-Tractor & Trailer	van - tank - flat - dump - refer			
	Tractor – Two Trailers	van - tank - flat - dump - refer			
	Tractor – Three Trailers	van - tank - flat - dump - refer			
	Motorcoach – School Bus	more tha 16 passengers			
	Motorcoach – School Bus	more than 8 passengers			
	Other				
	Other				

List any other heavy equipment that you have used (skid-steer, back-hoe, etc.): \_\_\_\_\_  
\_\_\_\_\_

**UNEXPIRED COMMERCIAL DRIVERS' LICENSES OR PERMITS** (List each)

License: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EMPLOYMENT HISTORY** (List starting with most recent)

All driver applicants to drive in intrastate 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.

**1) Employer Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip*

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Dates of Employment:** From \_\_\_\_\_ to \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_

**Reason 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 \_\_\_\_\_

**2) Employer Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip*

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Dates of Employment:** From \_\_\_\_\_ to \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_

**Reason 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 \_\_\_\_\_

**3) Employer Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip*

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Dates of Employment:** From \_\_\_\_\_ to \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_

**Reason 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 \_\_\_\_\_

Use back of page for additional employers if necessary.

**Accident Record** (for the past 3 years-list most recent first)

Date	Nature of Accident (head-on, rear-end, slide-off, etc.)	Fatalities (y/n)	Injuries (y/n)	Hazardous Material Spills (y/n)

**Moving Violations** (for the past 3 years – list most recent first, excluding parking)

Date	Location	Charge (speeding, OWI, etc.)	Penalty (points, suspension, etc.)

Have you ever had your license or any permit or privilege to operate a motor vehicle denied, revoked, suspended? (circle one and initial)

No – no such denial, revocation or suspension has occurred. Initial here: \_\_\_\_\_

Yes – give all details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initial here: \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Includes vehicles having a GVWR of 26,001 or more, vehicles designed to transport 16 or more passenger, or any size vehicle to transport hazardous materials in a quantity requiring placarding.

\*\*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) weights or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport 8 or more passengers (including the driver), or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Notice Regarding CDL's:

Filing this application does not imply that the applicant will be employed, only that qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

I authorize the Village of Marcellus to make such investigations and inquiries of my personal, employment, education 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 Village of Marcellus.

I understand that the 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 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.

By signing, I am certifying that the prospective employer named above has orally conveyed the above information to me and I have read the information provided above; I understand that the prospective employer may require an applicant to provide information in addition to the information required by this application; and finally, I am certifying 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice Regarding At-Will Employment:

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Village, with or without cause, and with or without previous notice. I also understand and agree that the Village has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that no Village employee or representative, other than the President, has either the power or the authority to enter into any agreement for employment for any specified period of time, or is to make any representations or agreements contrary to any of the foregoing, unless that agreement for employment is in writing and is signed by the President. I understand that any prior representations, promises, contracts, or statements made by, or on behalf of the Village are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by The Village of Marcellus, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Applicants name – printed)