

FOR MOTOR VEHICLE OPERATOR APPLICANTS ONLY

The following three (3) questions must be answered in order to complete a check on your driving record:

Date of Birth: _____

Driver's License Information State: _____ Number: _____

How many years have you driven a commercial vehicle: _____

What is the proper safety procedure for getting into and out of a tractor cab: _____

What is the proper procedure for lifting boxes: _____

Have you ever fallen off a truck: _____ If "yes", how many times: _____

Can you lift a load that weighs 75 pounds: _____

Do you have experience driving a manual transmission: _____ If "yes", how many years: _____

DRIVING EXPERIENCE

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Dates</u>	<u>Approx. Miles</u>
Backhoe -	_____	_____	_____
Straight Truck -	_____	_____	_____
Straight Truck w/ snow plow -	_____	_____	_____
Tractor -	_____	_____	_____

State any special course or training that will help you as a driver: _____

Have you received any safe driving awards: _____ If "yes", from whom: _____

If you answer "yes" to any of the following questions, you must provide detail on back:

Have you ever had an automobile accident: _____

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

Has your motor vehicle license, permit, or privilege ever been suspended or revoked: _____

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DUI) or for driving while intoxicated (DWI): _____

ACCIDENT RECORD

(List all accidents in the past five (5) years whether chargeable or non-chargeable)

	<u>Date</u>	<u>Nature of Accident</u>	<u>Fatality</u>	<u>Injuries</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

TRAFFIC CONVICTION RECORD

(List all traffic convictions and guilty pleas, in the past five (5) years, other than parking violations)

	<u>Date</u>	<u>City and State</u>	<u>Charges</u>	<u>Penalty</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

(To Be Completed By All Applicants – List Most Recent Employer First)

Employer		Employed	Supervisor's Name
Address			
Telephone		From _____ Mo./Yr.	Your Job Title
		To _____ Mo./Yr.	
Salary		Duties:	
Start	End		

Employer		Employed	Supervisor's Name
Address			
Telephone		From _____ Mo./Yr.	Your Job Title
		To _____ Mo./Yr.	
Salary		Duties:	
Start	End		

Employer		Employed	Supervisor's Name
Address			
Telephone		From _____ Mo./Yr.	Your Job Title
		To _____ Mo./Yr.	
Salary		Duties:	
Start	End		

Be sure to include an explanation of all gaps in time of employment.

Have you previously applied for employment with the City: _____ If "yes", when and under what name: _____

Have you previously been employed by the City: _____ If "yes", when and under what name: _____

What was your attendance record with your last three (3) employers: _____

Other than vacation and holidays, how many days did you miss work in the last three (3) years: _____

How many months have you been unemployed in the last 12 months: _____

How many months have you been unemployed in the last 36 months: _____

EDUCATION
(To Be Completed By All Applicants)

School	Print Name, Address, City, State and Zip Code for each School Listing	No. of years Completed	Degree, Major, or Type of Course
High School			
College			
Graduate School			
Trade, Business, Night or Correspondence			

CRIMINAL RECORD
(To Be Completed By All Applicants)

The term “convicted” includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.

If you answer “yes” to any of the following questions, you must provide detail on back:

Have you ever been convicted of a felony: _____

Have you ever been convicted of a serious misdemeanor: _____

Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness, and recency of the convictions in making our decision.

DRUG AND ALCOHOL INFORMATION
(For All Applicants)

All applicants for employment are required to submit to a drug and alcohol test after a conditional offer of employment has been made. The results of the drug and alcohol tests will be provided to the City. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or dismissal. This policy does not apply to the use of medications which have been prescribed for an individual by a licensed medical practitioner and which are used strictly in accordance with the prescription.

FOR ALL APPLICANTS – PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, regardless of the date on which the City discovers the violation of its policy regarding application form dishonesty, you will be subject to termination.

In connection with my application for employment with the City, I expressly authorize the release to the City of any records of information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the City and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the City as part of my application for employment.

If I am offered and accept employment with the City, I understand that my employment is At Will and that my employment may be terminated at any time and for any reason either by me or by the City.

Signature _____

Date _____