

# DRIVER'S SUPPLEMENTAL APPLICATION



Larimer County Human Resources  
2555 Midpoint Drive, Suite A  
Fort Collins, CO 80525-4425

Position Title: \_\_\_\_\_  
(As Stated on Announcement)

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## READ AND SIGN

I certify that all statements made in this application are true and correct. I hereby authorize Larimer County, Colorado (County) to investigate all statements made as a part of this application and to secure and verify any information deemed to be necessary by the County in making its employment decision from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I understand that medical inquiries will only be made if and after a conditional offer of employment has been made. I hereby release all such persons, entities, employers, references, institutions, agencies, and the County from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release can be used for all purposes.

I understand that any false or misleading answers or statements as well as misrepresentations by omission made by me as part of my application or interviews will be sufficient grounds for rejection of my application or for my immediate discharge should it be discovered after I am employed.

I understand that information I provide regarding current and/or previous employers may be used in the selection process, and those employers 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:

1. Review information provided by previous employers.
2. Have errors in the information corrected by the previous employers and for those previous employers to re-send the corrected information to the County.
3. Have a rebuttal attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

This authorization to release information shall expire six months from the date signed below unless I revoke it sooner in writing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## List your addresses of residency for the past 3 years.

<b>Current Address</b>	Street _____		Phone _____	
	City, State, Zip Code _____			How long? (m/y) _____
<b>Previous Addresses</b>	Street _____		City, State, Zip Code _____	
	How long? (m/y) _____			
<b>Previous Addresses</b>	Street _____		City, State, Zip Code _____	
	How long? (m/y) _____			
<b>Previous Addresses</b>	Street _____		City, State, Zip Code _____	
	How long? (m/y) _____			

## Driver Experience & Qualifications

Driver Licenses (those held in the past 3 years must be shown)	State	License Number	Class	Endorsements	Expiration Date

(Attach separate sheet if more space is needed)

Restrictions: \_\_\_\_\_

- 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 you answered "yes" to A or B attach a statement giving details.

<b>Driving Experience.</b> If none, write none				
Class of Equipment	Type of Equipment Van, Tank, Flat Dump, Refer	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - 2 Trailer - LCV's				
Tractor - 3 Trailer - LCV's				
Motor Coach/School Bus More than 8 passenger				
More than 15 passenger				
Other				

List states operated in for the last 5 years. \_\_\_\_\_

List special courses or training that will help you as a driver. \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

<b>Accident Record for past 3 years.</b> (Including private vehicle.) If none, write none. Attach separate sheet if more space is needed.					
	Date	Type of Accidents (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last accident					
Next Previous					
Next Previous					

<b>Traffic Convictions and Forfeitures for the past 3 years</b> (other than parking violations). If none, write none.			
Location	Date	Charge	Penalty

(Attach separate sheet if more space is needed)

**All driver applicants** 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 provide 10 years of 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 if necessary.

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
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 ____				

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
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 ____				

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
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 ____				

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
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 ____				

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
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 ____				

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
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 ____				

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
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 ____				

**If you receive an interview for this position, then you must bring to the interview a copy of your Motor Vehicle Driving Record for the preceding 3 years. This record must include information from the appropriate agency of every State in which you held a motor vehicle operator's license or permit during the preceding 3 years and the report can not be more than 30 days old.**

My signature below 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.

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