



WASHINGTON COUNTY
150 Ash Avenue, Akron, Colorado
Ph: 970.345.2701 Fax: 970.345.2702

1. APPLICATION FOR EMPLOYMENT – ROAD & BRIDGE DEPT

NAME _____
(FIRST) (MIDDLE) (MAIDEN, If any) (LAST)

ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)

PRIMARY PHONE# (to contact) _____ ALT PHONE# _____

EMAIL _____ OTHER CONTACT _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

ADDRESS FOR PAST THREE YEARS	_____ HOW LONG? _____ (STREET) (CITY) (STATE & ZIP CODE)
	_____ HOW LONG? _____ (STREET) (CITY) (STATE & ZIP CODE)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER	STATE	LICENSES NO.	TYPE	EXPIRATION DATE
LICENSES				

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILOR				
TRACTOR –TWO TRAILERS				
OTHER				

DATES	NATURE OF ACCIDENT (HEAD-ON , REAR END, UPSET,ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			

Job Application continued ...

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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 THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Have you been convicted of a Felony Offense (include whether you are currently subject to a deferred sentence). Do not include petty offense or minor traffic violation? Yes No

If yes, give details:

(A conviction does not automatically disqualify you from employment, since the nature and date of the offense, the job for which you are applying and other factors will be considered)

EMPLOYMENT RECORD (Attach Sheet if More Space Is Needed)

NOTE: DOT Requires That Employment for a Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.

LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

SECOND EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it if are true and complete to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

2. REQUEST FOR INFORMATION FROM THE PREVIOUS EMPLOYER

FMCSA - Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: _____ (Print Clearly)

Social Security #: _____ Date of Birth: _____

I, _____, do hereby authorize you to release the following information to **Washington County Road & Bridge Department** for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of Applicant Date

Previous Employer: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

The above named applicant has applied to this company for a position as _____ and states that he/she was employed by you as (position) _____ from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to:

Washington County

Val Foutz

150 Ash Avenue, Akron, CO 80720

phone: 970.345.2701 fax: 970.345.2702 e-mail: vfoutz@co.washington.co.us

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? Yes No

If Yes, what type? Straight Truck Tractor-Semi trailer Bus
 Cargo Tank Doubles/Triples Other (specify)

Reason for leaving your company: Discharged Resignation Lay Off Military Duty

Check if there is no safety performance history to report, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	No. of injuries	No. of fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any other remarks: _____

Signature: _____ Title: _____ Date: _____

Keep a record of this request and the response for one year.

**** Please Return to: Washington County – 970.345.2702 ****

* A reproduction of this form shall be deemed as effective and valid as an original.
(Rev. 8/04)

3. DRIVER AGREEMENT

To Be Read and Signed By Applicant

- It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.
- It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information. It is also agreed and understood that under the Fair Credit Reporting Act; Public Law 91-508, I have been told that this investigation may including investigating Consumer Report, including information regarding my character, general reputation, person characteristics, and mode of living.
- I agree to furnish such additional information and complete such examinations as may be required to complete my application file.
- It is agreed and understood that this application for Qualification in no way obligates the motor carrier to employ the applicant.
- It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.
- It is agreed that applicant has the right to review information provided by previous employers, also the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- It is agreed that applicant has the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- Drivers who have previous Department of Transportation regulated employment history investigative information Must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment.
- The Driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA (Federal Motor Carrier Safety Administration).

This certifies that this application was completed by me and that all entries on it and information in it is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Remarks (For Office use only)