

**CHARTER TOWNSHIP OF LANSING**  
**ADDITIONAL QUESTIONS FOR CDL DRIVER APPLICANTS**  
(Please attach additional pages as necessary)

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

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

List all addresses at which you have resided during the last three (3) years:

Address	Dates of Residency

**PRIOR WORK EXPERIENCE**

**\* NOTICE TO APPLICANT\***

The information you provide in response to this question may be used, and your prior employers may be contacted, for the purpose of investigating your background as required by State and/or Federal Motor Carrier Safety Regulations. You are hereby notified that you have the following rights regarding the investigative information that will be provided to us pursuant to 49 CFR 391.23 (d) and (e):

- 1) The right to review information provided by previous employers;
- 2) 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;
- 3) 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.

**I HAVE READ AND UNDERSTAND THESE RIGHTS.**

\_\_\_\_\_  
Applicant's Signature

Please list the names and addresses of your employers during the last 10 years, together with the dates of employment and the reasons for leaving such employment:

**Last Employer :**

**Name:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant was subject to Federal Motor Carrier Safety Regulations while employed by above employer?**

YES  NO

**Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?**

YES  NO

**Reason for leaving:**

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**Second to Last Employer**

**Name:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant was subject to Federal Motor Carrier Safety Regulations while employed by above employer?**

YES  NO

**Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?**

YES  NO

**Reason for leaving:**

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**Third to Last Employer**

**Name:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

Supervisor Name:

Phone:

Applicant was subject to Federal Motor Carrier Safety Regulations while employed by above employer?

YES       NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES       NO

Reason for leaving:

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Fourth to Last Employer

Name:

Dates of  
Employment:

Address:

Position Held:

Supervisor Name:

Phone:

Applicant was subject to Federal Motor Carrier Safety Regulations while employed by above employer?

YES       NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES       NO

Reason for leaving:

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Fifth to Last Employer

Name:

Dates of  
Employment:

Address:

Position Held:

Supervisor Name:

Phone:

Applicant was subject to Federal Motor Carrier Safety Regulations while employed by above employer?

YES       NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES     NO

Reason for leaving:

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**Sixth to Last Employer**

Name:

Dates of  
Employment:

Address:

Position Held:

Supervisor Name:

Phone:

Applicant was subject to Federal Motor Carrier Safety Regulations while employed by above employer?

YES     NO

Job was designated as safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?

YES     NO

Reason for leaving:

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***\*\*Attach additional pages as may be necessary to include all previous employers.***

**DRIVER INFORMATION**

List the issuing State, number, and expiration date of each commercial motor vehicle operator's license or permit you have held during the last three (3) years:

<u>State</u>	<u>Number</u>	<u>Expiration Date</u>

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the last three (3) years:

Date	Description

List all motor vehicle accidents in which you were involved during the last three (3) years, specifying the date and nature of each accident and any fatalities or personal injuries it caused:

Date	Description	Fatalities or Personal Injuries

Please describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi trailers, full trailers, and pole trailers) which you have operated: \_\_\_\_\_

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- Have you ever been disqualified under the Federal Motor Carrier Safety Regulations?  
 YES       NO
  
- Have you ever been convicted of driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?  
 YES       NO
  
- Have you ever tested positive, or refused to test, on any pre-employment drug test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by DOT drug and alcohol testing rules?  
 YES       NO
  
- Have you experienced the denial, revocation, or suspension of any license,

permit or privilege to operate a motor vehicle that has been issued to you?

YES       NO

If "yes" to any of the above, please set forth in detail all facts and circumstances: \_\_\_\_\_

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This 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.

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

\_\_\_\_\_  
Applicant's Signature