



Complete this form and return to the University of Iowa Office of Risk Management, Insurance and Loss Prevention at [risk-management@uiowa.edu](mailto:risk-management@uiowa.edu)

## COMMERCIAL DRIVER'S LICENSE - SUPPLEMENTAL APPLICATION

As an employee in a safety-sensitive position that requires a Commercial Driver's License, it is necessary that you furnish related past employment history. List all employers **for whom you operated a commercial motor vehicle** during the ten-year period prior to the date of this notice. **NOTE: The employers on this Notice may be contacted for the purpose of investigating your work history.**

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Employer: _____	Employment Dates:
Address: _____	From: _____
	To: _____
Reason for Separation: _____	
Contact Person: _____	Phone: _____
Email: _____	

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Employer: _____	Employment Dates:
Address: _____	From: _____
	To: _____
Reason for Separation: _____	
Contact Person: _____	Phone: _____
Email: _____	

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Employer: _____	Employment Dates:
Address: _____	From: _____
	To: _____
Reason for Separation: _____	
Contact Person: _____	Phone: _____
Email: _____	

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Employer: _____	Employment Dates:
Address: _____	From: _____
	To: _____
Reason for Separation: _____	
Contact Person: _____	Phone: _____
Email: _____	

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I certify that I have the following Commercial Driver's License:

Class \_\_\_\_\_  
Endorsements \_\_\_\_\_  
Air Brake Restriction?    Yes       No  
Expiration Date \_\_\_\_\_

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Answer: \_\_\_\_\_

If your answer is in the affirmative and you have successfully completed a return-to-duty process, please provide us with appropriate documentation.

I certify that the information provided on this Notice is true and complete to the best of my knowledge. I understand that should an investigation at any time disclose that I have misrepresented any of this information, it will result in review of my eligibility to continue in a safety-sensitive position or dismissal from university employment.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Current Home Address

\_\_\_\_\_  
Date