

## 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 <u>for whom you operated a commercial motor vehicle</u> 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.

Address:   From:   To:	Employer:	Employment Dates:
Reason for Separation: Contact Person: Email:  Employer: Address: From: To: Reason for Separation: Contact Person: Email:  Employer: Address: Phone: Email:  Employer: Address: Phone: Email:  Employer: Address: Phone: Email:  Employer: Address: Prom: To: Reason for Separation: Contact Person: Email:  Employer: Address: Phone: Email:  Employer: Address: From: To: Reason for Separation: Contact Person: Email:  Employer: Address: From: To: Reason for Separation: Contact Person: Email:  Employer: Address: From: To: Reason for Separation: Contact Person: Email:  Employer: Address: From: To: Reason for Separation: Contact Person: Email:  I certify that I have the following Commercial Driver's License: Class Endorsements Adi 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	Address:	From:
Contact Person: Email:  Employer: Address:  Reason for Separation: Contact Person: Email:  Employer: Address:  Employment Dates: From: To: Email:  Employer: Address: From: To: Email:  Employer: Employer: Employer: Employer: Address: From: To:  Reason for Separation: Contact Person: Email:  Employer: Address: From: To: Reason for Separation: Contact Person: Email:  Employer: Address: From: To: Reason for Separation: Contact Person: Email:  Employer: Address: From: To: Reason for Separation: Contact Person: Email:  Employer: Address: From: To: Reason for Separation: Contact Person: Email:  I certify that I have the following Commercial Driver's License: Class Email: Leason for Separation: Contact Person: Leason for Separation:		
Employer:		
Employer:	Contact Person:	Phone:
Employer:	Email:	
Address: From: To:		
Reason for Separation: Contact Person: Employer: Address: From: To: Reason for Separation: Contact Person: Email: Employer: Reason for Separation: Contact Person: Email: Employer: Reason for Separation: Email: Employer: Employer: From: To: Reason for Separation: Email: Employer: Employer: From: To: Reason for Separation: Contact Person: Email: Employer: Address: From: To: Reason for Separation: Contact Person: Email: Employer: Address: From: To: Reason for Separation: Contact Person: Email: 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	Address:	From:
Reason for Separation:    Contact Person:		
Contact Person:		
Employer: Employment Dates: To: To:		
Employer:	Email:	
Address: From: To:		
Reason for Separation: Contact Person: Email: Employer: Employer: Employer: Employer: To: To:  Reason for Separation: Contact Person: To:  Reason for Separation: Contact Person: Email:  I certify that I have the following Commercial Driver's License: Class Endorsements Air Brake Restriction? Fashe 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	Address:	Employment Dates:
Reason for Separation:  Contact Person: Email:  Employer: Employer: Employer: Address: From: To:  Reason for Separation: Contact Person:  Phone:  Employment Dates: From: To:  Reason for Separation: Contact Person: Email:  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	Address:	
Contact Person: Phone:	D	
Employer: Employment Dates:		
Employer: Employment Dates: Address: From: To: To:	Contact Person:	Pnone:
Address:    To:   To:	Email:	
Address:    To:   To:	Employer:	Employment Dates:
Reason for Separation:  Contact Person:  Email:  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	Address:	From:
Reason for Separation: Contact Person: Email: Holorsements Contact Person: 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		
Contact Person: Phone:	Reason for Separation:	
Email:		
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	Email:	
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		
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		al Driver's License:
Air Brake Restriction? Yes No  Expiration Date	Class	
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		
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		
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	Expiration Date	
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	Have you tested nositive or refused to test	on any nre employment drug or alcohol test administered by an employer to which
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		
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		ishive transportation work covered by DOT agency drug and alcohol testing rules
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	during the past two years.	
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   Signat	Answer:	
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   Signat		
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	•	have successfully completed a return-to-duty process, please provide us with
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	appropriate documentation.	
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	I certify that the information provided on thi	s Notice is true and complete to the best of my knowledge. I understand that
eligibility to continue in a safety-sensitive position or dismissal from university employment.  Name (please print)  Signature		
Name (please print)  Signature		
Current Home Address Date	Name (please print)	Signature
	Current Home Address	Date