



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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 Address: _____ From: _____
 _____ To: _____

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 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