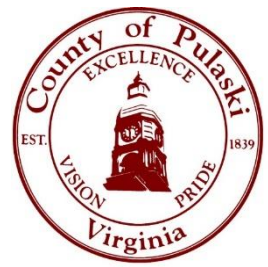


Appendix I



**PULASKI COUNTY/PSA ADDITIONAL APPLICATION  
FOR CDL RELATED POSITIONS**

Demographic Information:

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please list any additional address for the past three years:

\_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

License Information:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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 YOU ANSWERED YES TO EITHER QUESTION A OR B, ATTACH A STATEMENT GIVING DETAILS**

Experience:

**Class of Equipment   Type (Van, Tank, Flat, etc.)   Date from   Date to   Approx. # Miles**

Straight Truck   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

Tractor/Semi   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

Tractor/2 Trailers   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

Accident Record for the Past 3 Years:

**Dates   Nature of Accident   Any Fatalities   Type of Injuries**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Traffic Convictions and Forfeitures for the Past 3 Years (not parking violations)**

<b><u>Locations</u></b>	<b><u>Date</u></b>	<b><u>Charge</u></b>	<b><u>Penalty</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PREVIOUS EMPLOYMENT HISTORY FOR THE PAST 10 YEARS**

**Please list most recent history first:**

**Job 1:**

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Job 2:**

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Job 3:**

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Job 4:**

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Job 5:**

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Job 6:**

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Job 7:**

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Job 8:**

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Job 9:**

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Job 10:**

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From: \_\_\_\_\_ To: \_\_\_\_\_ Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Were you subject to the FMCSR's while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ NO \_\_\_\_\_

**I authorize the County of Pulaski/PSA to make sure investigations and inquiries into my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will only be made if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my employment application.**

**In the event of employment, I understand that false or misleading statements or information given in my application or interview(s) may result in immediate discharge. I further understand that I am required to abide by all policies and provisions of Pulaski County/PSA and the FMCSA.**

**I understand that information I provide regarding current and/or previous employers may be used and those employer(s) will be contacted for the purposes of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:**

- **Review information provided by current/previous employers**
- **Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and**
- **Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information**

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**Date**

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**Applicant's Signature**

**This certifies that I completed this application and that all entries on it and information contained therein is true and correct to the best of my knowledge:**

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**Date**

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**Applicant's Signature**