

MOTOR VEHICLE VIOLATIONS RESULTING IN CONVICTION— OTHER THAN PARKING FOR PERVIOUS 3 YEARS

DATE OF CONVICTION	OFFENSE (<i>be specific</i>)

HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED, OR DENIED? YES NO (CIRCLE ONE)

IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT HISTORY (LIST ALL EMPLOYERS IN THE LAST 3 YEARS PRECEDING THE DATE OF APPLICATION STARTING WITH THE MOST RECENT)

1. EMPLOYER: _____
ADDRESS: _____
POSITION: _____ **SALARY:** _____
REASON FOR LEAVING: _____
WERE YOU SUBJECT TO FMCSR WHILE IN THIS POSITION? _____ **WAS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT ALCOHOL AND DRUG TESTING?** _____

2. EMPLOYER: _____
ADDRESS: _____
POSITION: _____ **SALARY:** _____
REASON FOR LEAVING: _____
WERE YOU SUBJECT TO FMCSR WHILE IN THIS POSITION? _____ **WAS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT ALCOHOL AND DRUG TESTING?** _____

3. EMPLOYER:

ADDRESS: _____

POSITION: _____ SALARY: _____

REASON FOR LEAVING: _____

WERE YOU SUBJECT TO FMCSR WHILE IN THIS POSITION? _____ WAS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT ALCOHOL AND DRUG TESTING? _____

LIST THE NAMES AND ADDRESSES OF EMPLOYERS FOR THE 7 YEARS PRECEDING THE 3 YEARS LISTED ABOVE IN WHICH YOU WERE THE OPERATOR OF A COMMERCIAL MOTOR VEHICLE

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	REASON FOR LEAVING
----------	---------	---------------------	--------------------

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	REASON FOR LEAVING
----------	---------	---------------------	--------------------

EMPLOYER	ADDRESS	DATE OF EMPLOYMENT	REASON FOR LEAVING
----------	---------	--------------------	--------------------

EDUCATION:

HIGH SCHOOL:

- NAME AND LOCATION: _____
- YEARS ATTENDED _____ GRADUATE (YEAR)? _____ GED _____ ?
- SUBJECTS STUDIED: _____

COLLEGE:

- NAME AND LOCATION: _____
- YEARS ATTENDED _____ GRADUATE (YEAR)? _____ DEGREE: _____
- SUBJECTS STUDIED: _____

TRADE, BUSINESS OR CORRESPONDANCE SCHOOL:

- NAME AND LOCATION: _____
- YEARS ATTENDED _____ GRADUATE? (YEAR) _____ DEGREE: _____
- SUBJECTS STUDIED: _____

APPLICANTS BY SIGNING BELOW CERTIFY THAT THEY HAVE READ THE FOLLOWING:

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM THE TOWN'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE TOWN'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE TOWN. I UNDERSTAND THAT NO TOWN REPRESENTATIVE, OTHER THAN THE TOWN MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE TOWN MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I ACKNOWLEDGE THAT ANY EMPLOYMENT OFFER WILL BE CONTINGENT ON PASSING A PRE-EMPLOYMENT DRUG SCREENING.

SIGNATURE OF APPLICANT

DATE

PRINT NAME