



**CITY OF NILES**  
 Van Buren, NILES, MI 49120  
 DOT EMPLOYMENT APPLICATION

Position Applied for \_\_\_\_\_

Name \_\_\_\_\_

(include maiden name if any)

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

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Telephone No \_\_\_\_\_ E-mail address \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS
(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS
(STREET)	(CITY)	(STATE & ZIP CODE)	# YEARS

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No	Type	Expiration Date

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates From To	Approx No of Miles (Total)
Straight Truck			
Tractor and Semi Trailer			
Tractor-Two Trailers			
Other			

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

Dates	Nature of Accident (head-on, rear-end, upset, etc)	Number of Fatalities	Number of Injuries	Chemical Spills
				YES NO
				YES NO
				YES NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

	YES	NO
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		
If yes, explain		
Has any license, permit or privilege ever been suspended or revoked?		
If yes, explain		

**EMPLOYMENT RECORD  
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicant's who desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers for whom you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state, and zip code**

Last Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

\_\_\_\_\_

	YES	NO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the above employer?		
Was the previous job position designated as a safety sensitive function in and DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		

Second Last Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

\_\_\_\_\_

	YES	NO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the above employer?		
Was the previous job position designated as a safety sensitive function in and DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		

Third Last Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

\_\_\_\_\_

	YES	NO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the above employer?		
Was the previous job position designated as a safety sensitive function in and DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		

	YES	NO
Have you ever been employed with us before?		
If yes, give dates of employment		
Are you legally eligible for employment in the U.S.? <i>Proof of eligibility will be required upon employment</i>		
On what date would you be available for work?		

### EDUCATION

Do you have a High School Diploma?	YES	NO	Undergraduate College/University	Graduate / Professional
School Name/Location				
Years Completed				
Diploma / Degree				
Course of Study				

### REFERENCES

Give name and telephone number of three references who are not related to you and are not previous employers


	YES	NO
Have you been provided a job description?		
Do you understand the requirements of the job?		
Can you perform the requirements of the job with or without reasonable accommodations?		

### TO BE READ AND SIGNED BY APPLICANT

I authorize the City of Niles to make 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 be made only 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 application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, no matter when the information is discovered. I understand that I am required to abide by all rules and regulations of the City of Niles. I understand that employment at the City of Niles is at-will and that no oral representation by any City employee will create a contract of employment. No employment practice of the City is intended to create a contract of employment and no changes in the City's employment-at-will policy will be effective unless executed in writing and signed by the City Administrator or the City Council.

I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose 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

This certifies that this application and that all entries on it and information in it are true and complete to the best of my knowledge.

Date \_\_\_\_\_ Applicant \_\_\_\_\_