

Mount Holly Highway Department Application for Employment

Name _____ Street Address _____

City, State, Zip Code _____

Telephone Number _____ E-Mail _____

License Information

Section 383.21 FMCSR states "No person who operated 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 Number	Type	Expiration Date

Driving Experience

Class of Equipment	Dates		Approx. No. Miles (Total)
	From	To	
Tandem Dum Truck			
Wing Plow			
Grader			
Chainsaw			
Tire Chain Applications			

ACCIDENT RECORD FOR THE PAST 3 YEARS OR (Attach sheet if more space needed)

Dates	Nature of accident	Number fatalities	Number Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Exclude Parking Violations)

Date of Conviction (month/year)	Violation	State of violation location	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y____
No____ If yes, explain _____

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 _____

Reason For leaving _____

Next Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____

Reason For leaving _____

Next Employer: Name _____

Address _____ Phone _____

Position Held _____ From _____ To _____

Reason For leaving _____

References

Please list three with complete mailing address

Name	Address	Phone	E-mail

Trainings (Job Related)- add additional sheet if needed

1. _____

2. _____

3. _____

To Be Read And Signed By Applicant

I authorize you to make sure investigations and inquiries to 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

"I understand that 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 correct 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."

Date

Signature

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

Date

Signature