



Town of Portland, Ct ❖ An Equal Opportunity Employer & Provider

33 East Main Street/P.O. Box 71, Portland, CT 06480-0071

Phone: 860-342-6715, Fax: 860-342-6714, www.portlandct.org

APPLICATION FOR EMPLOYMENT – CDL Positions

In accordance with Federal Motor Carrier Safety Regulations

EMPLOYMENT DESIRED

Position you are applying for:		Date you can start:	
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Ever apply to Town before? ☐ Yes ☐ No Position? _____ When? _____

How did you learn about this job? ☐ Town Website ☐ DOL ☐ Newspaper ☐ Other _____

Are you employed now? ☐ Yes ☐ No If yes, may we inquire of your present employer? ☐ Yes ☐ No

CONTACT/IDENTIFYING INFORMATION

Name:	<u>Last</u>	<u>First</u>	<u>Middle Initial</u>

Current Address:	<u>Street, Apt #</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
Previous Address:				

*On a separate page, list all addresses you've resided in the past three years.

Telephone Number:		Email Address:	
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Date of Birth (mm/dd/yyyy):		Social Security No.	
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Are you currently authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Verification of identity and employment eligibility required at time of hire.	

COMMERICAL MOTOR VEHICLE LICENSE OR PERMIT HELD BY APPLICANT

Do you have a valid CT Driver's License? ☐ Yes ☐ No (List endorsements below)

List all of your valid Driver's License, Permits and Medical Certificates for driving commercial vehicles (attach copies):

Motor Vehicle Operator's License #:	State of Issue:	Expiration Date:	Endorsements:

EDUCATION	NAME AND LOCATION OF SCHOOL	YEAR OF COMPLETION	TYPE OF DEGREE RECEIVED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER EDUCATION				
OTHER EDUCATION				

EMPLOYMENT HISTORY:

Begin with your PRESENT or MOST RECENT employment and work backwards for at least the last 10 years; detail your experience operating a motor vehicle including the type of vehicle operated. If necessary, use another sheet.

(Present or Most Recent Job)

Job Title: _____ Company Name: _____

Company Address & Phone: _____

Employed from: _____ To: _____ Hours per week: _____

Was job subject to FMCSR: ☐ Yes ☐ No Was job subject to alcohol/drug testing: ☐ Yes ☐ No

Duties & Responsibilities: _____

Reason for leaving: _____

Job Title: _____ Company Name: _____

Company Address & Phone: _____

Employed from: _____ To: _____ Hours per week: _____

Was job subject to FMCSR: ☐ Yes ☐ No Was job subject to alcohol/drug testing: ☐ Yes ☐ No

Duties & Responsibilities: _____

Reason for leaving: _____

Job Title: _____ Company Name: _____

Company Address & Phone: _____

Employed from: _____ To: _____ Hours per week: _____

Was job subject to FMCSR: ☐ Yes ☐ No Was job subject to alcohol/drug testing: ☐ Yes ☐ No

Duties & Responsibilities: _____

Reason for leaving: _____

Have you been involved in any accidents within the past three years? ☐ Yes ☐ No

If "YES" explain (Attach additional sheets if necessary):

Date of Accident	Nature of Accident	Fatalities	Personal Injuries Sustained

MOTOR VEHICLE VIOLATIONS: If you have received any motor vehicle violations in the past three years (not including parking), list all of them here (Attach additional sheets if necessary):

DENIAL, REVOCATION OR SUSPENSION OF LICENSE: Provide a written statement detailing the facts and circumstances of any denial, revocation or suspension of license, permit or privilege to operate a motor vehicle.

☐ I hereby certify that no such circumstances occurred: _____(initial)

REFERENCES: Provide three (3) persons not related to you, whom you have known at least one year

NAME	TELEPHONE NUMBER	OCCUPATION	YEARS ACQUAINTED
1.			
2.			
3.			

DISMISSAL:

Have you ever been dismissed from employment for inefficiency, delinquency or misconduct? ☐ Yes ☐ No

If "YES," please attach a detailed explanation on a separate piece of paper.

Note: Temporary positions will not exceed a 12-month period. Temporary positions do not qualify for any benefits offered by the Town of Portland.

SUMMARY OF RIGHTS:

You, the driver, have the right to review information provided by previous employers, as well as to dispute any findings. This could require a previous employer to resend the correct information, or, if an agreement can't be made, allow the driver to include a rebuttal statement with the information. Drivers can submit a written request immediately upon applying or up to 30 days after being employed or denied employment. Prospective employers must provide information within 5 business days of the request.

NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG AND/OR ALCOHOL TESTING

Any individual applying for employment with the Town of Portland may be required to submit to a drug and/or alcohol test as a mandatory part of the employment application process.

This notice serves as a written statement of the Town's intention to conduct drug and/or alcohol testing as part of the application process. The testing will be conducted in accordance with the procedures required by applicable state and federal regulations. Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign the consent form and participate in pre-employment drug and/or alcohol testing, shall be grounds for denial of employment. Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

Further, the Town prohibits employees from possessing or being under the influence of alcohol or illegal drugs or from abusing lawful drugs while performing work-related functions. Failure to consent to a properly requested test for drugs and/or alcohol during the course of employment or failing a drug or alcohol test are grounds for termination of employment.

By signing below, you consent to be drug and/or alcohol tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for employment with the Town, you will comply in full with the Town's drug and alcohol policies.

CERTIFICATION:

1. 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.
2. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.
3. In consideration of my employment, I agree to conform to the Town's rules and regulations.
4. 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.
5. I understand that no Town representative, other than its First Selectman, and then only when in writing and signed by the First Selectman, 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.
6. Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at time of appointment.
7. The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicant will be required to pass a test for drugs and abuse/or alcohol misuse. Failure to pass such test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDL's will become participants in the Town's Drug and Alcohol Testing Program.

By signing this form I hereby acknowledge that I have read the above statements and understand them.

Applicant Signature: _____ **Date:** _____

Emergency Contact: _____ **Relationship:** _____

Contact Number: _____ **Alternate #:** _____

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FEDERAL CIVIL RIGHTS EQUAL OPPORTUNITY INFORMATION

Government agencies require periodic reports on the gender, ethnicity and veteran status of applicants. This data is for analysis in preparing government reports and for affirmative action purposes only. This information is confidential and will be kept separate from your application. It will not be used by those making the hiring decision. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION BUT YOUR COOPERATION IN COMPLETING THIS FORM WOULD BE APPRECIATED.**

☐ *I do not wish to furnish this information*

Position Applied for: _____

Gender:

☐ Female ☐ Male

Ethnicity / Race / National Origin (check one):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other

Military / Veteran Status (see definitions below):

- ☐ Special Disabled Veteran
- ☐ Vietnam Era Veteran
- ☐ Other Protected Veteran
- ☐ Recently Separated Veteran
- ☐ Not Applicable

Veteran Status Definitions:

Special Disabled Veterans: means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Veterans of the Vietnam Era: means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a honorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases.

Other Protected Veteran: means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet the criterion identified herein, please refer to <http://www.opm.gov/veterans/html/vgmedal2.htm> or contact (301) 306-6752.

Recently Separated Veteran: means any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.