



DOT Addendum to Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE – Please fill out the application completely in addition to an attached resume

PERSONAL INFORMATION

Date: _____

Name _____
(Last) (First) (Middle)

Date of Birth _____

If you have resided for less than three (3) years at the address listed on your Employment Application, list the other address(es) where you have resided during that period.

(Number) (Street) (City, State, Zip) (MM/YYYY–MM/YYYY)

(Number) (Street) (City, State, Zip) (MM/YYYY–MM/YYYY)

(Number) (Street) (City, State, Zip) (MM/YYYY–MM/YYYY)

LICENSE INFORMATION/DRIVING EXPERIENCE

(License Number) (State) (Type) (Expiration Date)

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	Type of Equipment (Van, Tank, Flat, etc.)	Dates (MM/DD/YY–MM/DD/YY)	Approximate Number of Miles Driven
Straight Truck			
Tractor and Semi-Trailer			
Tractor-Two Trailers			
Other			

ACCIDENT RECORD FOR PAST THREE (3) YEARS (ATTACH ADDITIONAL SHEET IF NECESSARY)

Date (MM/DD/YY–MM/DD/YY)	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatuities	Number of Injured

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (EXCLUDING PARKING VIOLATIONS)

Date (MM/DD/YY–MM/DD/YY)	Violation	State of Violation	Penalty

LICENSE DENIAL, SUSPENSION, REVOCATION

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? () Yes () No

If yes, explain _____

Has any license, permit, or privilege that you have held been revoked? () Yes () No

If yes, explain _____

SUPPLEMENTAL EMPLOYMENT INFORMATION

Please denote those employers listed on your Employment Application at which your job was designated a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40:

Employer Name _____ Employer Name _____
Employer Name _____ Employer Name _____

SIGNATURE

Read Carefully Before Signing

• 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 addendum was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

Please return to: **GRSD Sewer Authority**
 10831 Kruger Rd
 New Buffalo, MI 49117