

**TOWN OF BRIDGEWATER, VT**  
**APPLICATION FOR CDL EMPLOYMENT**  
**(AN EQUAL OPPORTUNITY EMPLOYER)**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

PHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_ D.O.B: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP  
CODE

PREVIOUS (IF LESS THAN 3 YEARS) ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP  
CODE

\_\_\_\_\_ STREET CITY STATE ZIP  
CODE

CDL LICENSE: \_\_\_\_\_  
STATE NUMBER EXPIRATION DATE

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**DRIVER EXPERIENCE**

	YES	NO	YEARS
CLASS 'A'	<input type="checkbox"/>	<input type="checkbox"/>	_____
CLASS 'B'	<input type="checkbox"/>	<input type="checkbox"/>	_____
CLASS 'C'	<input type="checkbox"/>	<input type="checkbox"/>	_____

LIST ENDORSEMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LOADER	<input type="checkbox"/>	<input type="checkbox"/>	_____
EXCAVATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
BACKHOE	<input type="checkbox"/>	<input type="checkbox"/>	_____
FARM TRACTOR	<input type="checkbox"/>	<input type="checkbox"/>	_____

**ACCIDENT HISTORY – FOR PREVIOUS 3 YEARS**

DATE OF ACCIDENT	NATURE OF ACCIDENT	FATALITIES OR PERSONAL INJURIES

**MOTOR VEHICLE VIOLATIONS – 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)**

DATE, MONTH, YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED?			WAS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT ALCOHOL AND DRUG TESTING?	

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**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**

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EMPLOYER	ADDRESS	DATE OF EMPLOYMENT	REASON FOR LEAVING
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EMPLOYER	ADDRESS	DATE OF EMPLOYMENT	REASON FOR LEAVING
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EMPLOYER	ADDRESS	DATE OF EMPLOYMENT	REASON FOR LEAVING
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EMPLOYER	ADDRESS	DATE OF EMPLOYMENT	REASON FOR LEAVING
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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 COMPANY'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 COMPANY'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 COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, 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 OFFERS WILL BE CONTINGENT ON PASSING A PRE-EMPLOYMENT DRUG SCREENING.

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SIGNATURE OF APPLICANT

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PRINT NAME

The **Town of Bridgewater, VT** is an equal opportunity employer. It is the policy of this municipality to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status, or other status protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status, or other status under federal or state law.

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

\*\*This form has been designed to strictly comply with state and federal fair employment practice laws prohibiting employment discrimination.