

# Application For CDL Position Employment



## City of Marinette

Marinette City Hall  
1905 Hall Avenue  
Marinette, WI 54143

PLEASE PRINT IN INK OR TYPE

*The City of Marinette is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, creed, political or religious affiliation, color, disability, marital status, gender, sexual orientation, national origin, ancestry, arrest record or conviction record.*

Please print in ink. Answer all questions completely. Incomplete applications may be rejected. Any application submitted after the deadline will not be considered. A separate application is needed for each position applied for.

POSITION APPLYING FOR: \_\_\_\_\_

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

<b>PERSONAL</b>	Last Name _____ First _____ Middle Initial _____		Former/Maiden Name(s) _____
	Street Address _____		Home Phone (include area code) _____
	City, State, ZIP _____		Business Phone (include area code) _____
	Email: _____		May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date available to begin work: ___/___/___	Can you travel if the job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
	SS Number: _____ - _____ - _____	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by the City of Marinette before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date and former name: _____
	Driver's License Number: _____	Are you fluent in another language besides English? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list language(s): _____	Expected Salary/Hourly Rate: \$ _____
	State Driver's License issued: _____		
	Do you hold a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: _____		
	Endorsements: _____		
Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		Are you available for: <input type="checkbox"/> Shift work <input type="checkbox"/> Weekend work <input type="checkbox"/> Overtime	
High School Diploma/GED Date: ___/___/___		Name and location of Accredited schools attended: _____	
Further Education: <input type="checkbox"/> Certificate Date: ___/___/___ <input type="checkbox"/> Technical Diploma/Degree Date: ___/___/___ <input type="checkbox"/> Associate's Degree Date: ___/___/___ <input type="checkbox"/> Bachelor's Degree Date: ___/___/___ <input type="checkbox"/> Master's Degree Date: ___/___/___			
Field: _____			
Do you have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
<i>NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.</i>			

<b>MILITARY</b>	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>		Branch of Service _____	
	Describe your duties and any special training _____		Period of Active Duty (Month & Year)	
			From _____	To _____
			Rank at Discharge _____	Type Discharge _____
			Date of Final Discharge _____	

**Traffic Violations and Forfeitures for the past five years (attach sheet if more space is needed):**

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

**Accident record for the past five years (attach sheet if more space is needed)**

Date	Nature of Accident (Head-on, rear-end, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills? Yes or No

**Please answer the following questions, check Yes or No:**

Have you ever been convicted of operating a motor vehicle while under the influence of alcohol or a controlled substance or any charges pending, including reduction to a lesser charge? \_\_\_Yes \_\_\_No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_Yes \_\_\_No

Have you ever had a citation for leaving the scene of an accident? \_\_\_Yes \_\_\_No

Have you ever tested positive for drugs or alcohol following a pre-employment, random or reasonable-suspicion test? \_\_\_Yes \_\_\_No

Have you ever refused to take a pre-employment, random or reasonable-suspicion test? \_\_\_Yes \_\_\_No

Have you ever failed and/or refused a pre-employment drug test given by a company where you applied for, but did not obtain employment? \_\_\_Yes \_\_\_No

**Provide the following for any of the above questions that were answered 'Yes'**

Date: \_\_\_/\_\_\_/\_\_\_ City, County & State: \_\_\_\_\_

Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ City, County & State: \_\_\_\_\_

Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

OTHER SKILLS

List any additional skills related to the job for which you are applying.

**Employment History**

*Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Account for ALL TIME for the past five years. Indicate name used if different than name on this application. DO NOT REFER US TO YOUR RESUME! Resume and application are separated during selection and you will appear unqualified if you do not complete this section in its entirety.*

Are you presently employed? Yes No      May we contact your present employer? Yes No

Company Name	Company Telephone	Employed (month and year) From                      To
Company Address		Hourly Rate:                      Hours/Week:
Name of Your Supervisor	Your Job Title	Reason for Leaving:
Responsibilities		Was this position subject to Federal Motor Carrier Safety Regulations? YES NO  Was this position designated as a 'safety sensitive position' subject to alcohol and controlled substances testing requirements as required? YES NO

Company Name	Company Telephone	Employed (month and year) From                      To
Company Address		Hourly Rate:                      Hours/Week:
Name of Your Supervisor	Your Job Title	Reason for Leaving:
Responsibilities		Was this position subject to Federal Motor Carrier Safety Regulations? YES NO  Was this position designated as a 'safety sensitive position' subject to alcohol and controlled substances testing requirements as required? YES NO

Company Name	Company Telephone	Employed (month and year) From                      To
Company Address		Hourly Rate:                      Hours/Week:
Name of Your Supervisor	Your Job Title	Reason for Leaving:
Responsibilities		Was this position subject to Federal Motor Carrier Safety Regulations? YES NO  Was this position designated as a 'safety sensitive position' subject to alcohol and controlled substances testing requirements as required? YES NO

Company Name	Company Telephone	Employed (month and year) From                      To
Company Address		Hourly Rate:                      Hours/Week:
Name of Your Supervisor	Your Job Title	Reason for Leaving:
Responsibilities		Was this position subject to Federal Motor Carrier Safety Regulations? YES NO  Was this position designated as a 'safety sensitive position' subject to alcohol and controlled substances testing requirements as required? YES NO

**AUTHORIZATION AND RELEASE**

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the person, company, or former employer from all liability for any damage that may result from utilization of such information.

I hereby agree to submit to any lawful drug, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. As a condition of employment, I understand I am required to comply with the City of Marinette's drug-free workplace policy. I also understand that this application is not, and is not intended to be a contract for continued employment.

I understand this authorization and release is valid for three years from the date of my completing the application or throughout my employment, whichever is later.

Date            \_\_\_/\_\_\_/\_\_\_

PRINT Name    \_\_\_\_\_

Signature      \_\_\_\_\_

It is the policy of the City of Marinette not to discriminate against any employee or applicant for employment, nor does the City of Marinette tolerate harassment of any kind because of race, religion, color, national origin, sexual orientation, pregnancy, age or gender. This policy applies not only to employment, but also to promotion, demotion, transfer, recruitment, termination and other personal matters.

*It is the policy of the City of Marinette to provide equal employment opportunities for all individuals, on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State Military Forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.*

*Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources Representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.*

**Initial**

\_\_\_\_\_ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

\_\_\_\_\_ I understand that I will be required to successfully pass a drug test to gain employment or continue employment with the City of Marinette I consent freely and voluntarily to participate in required drug tests, at a location selected by the City of Marinette I hereby release and consent to the release of the test results to the City of Marinette I hereby release and hold harmless the City of Marinette, its officers, agents, and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and decisions concerning employment based upon the results of these test. If employed by the City of Marinette, I understand that I am required to comply with the City of Marinette's drug-free workplace policy and refusal to submit to such testing will result in disciplinary action, up to and including discharge.

PRINT NAME

Signature

Date

# City of Marinette BACKGROUND REQUEST

*Please allow two weeks for approval*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Rehire: Yes or No

Process for Legal department to notify of background packet:

USPS mail

Email

Applicant to pick up at the City Legal department by \_\_\_\_\_ date.

## PRELIMINARY BACKGROUNDS

### Optional:

Employment Verification

Personal Reference Check

Other: \_\_\_\_\_

### Mandatory:

X Motor Vehicle

Non-DOT

DOT

### Must Pertain to Essential Job Functions:

Criminal Records Check *(The City Legal department will run a National, Social Security Number, County and State background check)*

### Complete if Job Description Requires:

Education: **Education Verification**

License or Certification: **License/ Certification Verification**

Qualification under Wisconsin Caregiver's Law, Wisconsin Act 27: **Caregivers**

*(Applicant must complete Caregiver's Release Authorization Form)*

CDL: **DOT Previous Employer Check**

*(Applicant must complete Department of Transportation Previous Employer Background Release)*

## FINAL BACKGROUNDS - Mandatory

X Drug Screen

Non-Department of Transportation (DOT) *Position does not require a Commercial Driver's License (CDL)*

DOT *Position requires a CDL*

Physical *(Required for Safety Sensitive and Light Industrial Positions as indicated in the Policy and Procedure Manual)*

Non-DOT *Position does not require a CDL – Light Industrial Positions*

DOT *Position requires a CDL – Safety Sensitive Positions*

Blood Type Verification – If Police department requests

*All background checks are run through the City Legal department unless otherwise specified*

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The following must be completed and submitted to the City Legal department before backgrounds can be conducted:**

- All Candidates' original resumes and applications**
- Affirmative Action/Equal Employment Opportunity Data form**
- All interview information/notes**

**COMMENTS:**

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