



**City of Loveland**

**FTA**  
**Driver's Experience & Qualification**  
**Application-CDL Drivers**

**Human Resources-Risk Management**  
**500 E. 3rd Street**  
**Loveland, CO 80537**

**Name:** \_\_\_\_\_  
(print)  
**Date of Birth**

**Date of Application:** \_\_\_\_\_

**Social Security Number**

**READ AND SIGN**

I certify that all statements made in this application are true and correct. I hereby authorize the City of Loveland, Colorado (City) to investigate all statements made as a part of this application and to secure and verify any information deemed to be necessary by the City in making its employment decision from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I understand that medical inquiries will only be made if and after a conditional offer of employment has been made. I hereby release all such persons, entities, employers, references, institutions, agencies, and the City from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release can be used for all purposes.

I understand that any false or misleading answers or statements as well as misrepresentations by omission made by me as part of my application or interviews will be sufficient grounds for rejection of my application or for my immediate discharge should it be discovered after I am employed.

I understand that information I provide regarding current and/or previous employers may be used in the selection process, and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

1. Review information provided by previous employers.
2. Have errors in the information corrected by the previous employers and for those previous employers to re-send the corrected information to the City.
3. Have a rebuttal attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Side 2**
**List your addresses of residency for the past 3 years.**

<b>Current Address</b>	Street	Phone
	City, State, Zip Code	
<b>Previous Addresses</b>	Street	City, State, Zip Code
	How long? (m/y)	
	Street	City, State, Zip Code
	How long? (m/y)	
Street	City, State, Zip Code	
How long? (m/y)		

Have you worked for the City of Loveland before?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Driver Experience & Qualifications**

Driver Licenses (those held in the past 3 years must be shown)	State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to A or B attach a statement giving details.

**Driving Experience.** If none, write none

Class of Equipment	Type of Equipment Van, Tank, Flat Dump, Refer	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - 2 Trailer - LCV's				
Tractor - 3 Trailer - LCV's				
Motor Coach/School Bus				
More than 8 passenger				
More than 15 passenger				
Other				

List states operated in for the last 5 years. \_\_\_\_\_

**Accident Record for past 3 years.** If none, write none. Attach separate sheet if more space is needed.

	Date	Nature of Accidents (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last accident					
Next Previous					
Next Previous					

**SIDE 3****Traffic Convictions and Forfeitures for the past 3 years (other then parking violations).**

Date Convicted	Violation	State of Violation	Penalty

**EMPLOYMENT HISTORY**

All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, City, State and zip code. Please include any time periods when you were unemployed or self-employed.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers from whom the applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
Were you subject to the FMCSRs* while employed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
Were you subject to the FMCSRs* while employed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
Were you subject to the FMCSRs* while employed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## SIDE 4

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
Were you subject to the FMCSRs* while employed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____				

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
Were you subject to the FMCSRs* while employed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____				

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
Were you subject to the FMCSRs* while employed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____				

EMPLOYER			DATE	
Name			From	To
Address			mo. yr.	mo. yr.
City	State	Zip	Reason for leaving	
Contact person	Phone			
Were you subject to the FMCSRs* while employed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes _____ No _____				

\*The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle (1) that weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

Signature: \_\_\_\_\_

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



City of Loveland

**Side 1**

## Previous Employer Safety Performance History Records Request

### Section 1: Completed by the applicant

I, (print name) \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
First, M. I., Last

hereby authorize: \_\_\_\_\_ Previous Employer

to release and forward the information requested in section 3 of this document concerning my alcohol and controlled substance testing records within the previous 3 years from: \_\_\_\_\_

Date of employment application

To: City of Loveland  
Human Resources-Risk Mgmt  
500 E. 3<sup>rd</sup> St. Loveland, CO  
80537 (970) 962-3314

#### Previous Employer Contact Information

e-mail: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

In compliance with Sections 40.25(g) and 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, e-mail or letter.

Prospective employer's confidential fax number: (970) 962-3402  
e-mail address: christina.cornelison-spight@cityofloveland.org

Applicant's Signature

Date

### Section 2 Accident History: To be completed by previous employer

The applicant named above was employed by us  Yes  No

Employed as: \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

Did he/she drive motor vehicles for you?  Yes  No If yes, what type?

\_\_\_\_\_ Straight Truck \_\_\_\_\_ Tractor-Semi trailer \_\_\_\_\_ Bus  
\_\_\_\_\_ Cargo Tank \_\_\_\_\_ Doubles/Triples \_\_\_\_\_ Other (specify) \_\_\_\_\_

If there is no safety performance history to report, check here , sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (section 390.15b) that involved the applicant in the 3 years prior to application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

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Signature

Title

Date

Printed Name

**continued on Side 2**

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12/10

**Section 3:****Drug & Alcohol History: To be completed by Previous Employer**

If driver was not subject to Department of Transportation testing requirements while employed by your company, please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 3 and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_.

	Yes	No
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow up tests? <b>If yes, please send documentation along with this form.</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained to you employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application date shown on side 1.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Section 3 completed by: \_\_\_\_\_

Signature

Title:

Date

Printed Name

**Section 4a:****City of Loveland Use Only**

This form was sent to previous employer by:  Faxed  Mailed  E-mailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4b:****City of Loveland Use Only**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_

Method:  Fax  Mail  E-mail  Other \_\_\_\_\_

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 382.701, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature:

Date:



## City of Loveland Drug/Alcohol Screening Consent and Release

In accordance with the City of Loveland's Administrative Regulations AR-39, AR-40 and AR-41 employees in DOT, Federal Transit Administration (FTA) and safety sensitive positions must submit to one or more of the following tests: pre-employment / post-employment offer, random, reasonable suspicion, post accident screening for drugs and alcohol and return to work testing (if applicable). Additionally, in accordance with FMCSA regulations, DOT positions must comply with rules set forth regarding the Drug & Alcohol Clearinghouse for the following queries: post-employment offer and annual queries.

### **RELEASE:**

I authorize the City of Loveland's designated provider to perform the appropriate screening test for drugs and alcohol and to release the results and related records to the City of Loveland.

### **PRE-EMPLOYMENT / POST-EMPLOYMENT OFFER SCREENS:**

I understand that refusal to sign this release or submit to pre-employment / post-employment offer drug and/or alcohol screening will disqualify me for employment. I understand that attempting to circumvent an entry screening process by deception or fraud will subject me to discontinuation of the selection process.

### **DRUG & ALCOHOL CLEARINGHOUSE PRE-EMPLOYMENT / POST-EMPLOYMENT OFFER:**

All applicants who are considered for employment must register with the FMCSA Clearinghouse as part of the background investigation process. Should data exist in the Clearinghouse, the applicant must consent for a full query to the City to release any drug and alcohol violation information.

### **EMPLOYEES:**

I understand that refusal to sign this release or submit to drug and/or alcohol screenings when required by a supervisor and/or attempting to circumvent a screening process by deception or fraud will constitute a violation of the City's administrative regulation and be grounds for disciplinary action up to and including termination. I also understand that failure to comply with the Clearinghouse requirements will disqualify the applicant for consideration of employment, all in accordance with Administrative Regulation AR-12.

By signing below I hereby acknowledge that I understand this document and consent to substance screening of my blood, breath, and/or urine and authorize disclosure of the test results and records to the City.

Printed Name:

Date:

Signature:

Home Phone:

Work Phone:

\*\*\*\*\*  
**Refused to sign this consent and release:** \_\_\_\_\_

Witness

**Refused to participate in screening:** \_\_\_\_\_

Witness



## Previous Pre-employment Employee Alcohol and Drug Test Statement

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. See Sec. 40.25(b)(5) and (e)

Prospective Employee Name: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:                    Yes                    No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check on:                    Yes                    No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)



I have received the required Substance Abuse Professional (SAP) list from the City of Loveland. This list is provided in the event I should at any time test positive for any drug substance or alcohol. Assessment by an SAP does not guarantee employment or reinstatement with the City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please forward completed form to Christina Cornelison-Spight in Human Resources-Risk Management.

**Who to Call - SAP Professionals in the NoCo/Denver Metro Area**

The following Substance Abuse Professionals are available to meet your needs:

<b>SAP Name</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Best Way to Contact</b>
Michael Giglio 155 S. Harvard Street Suite #102	Fort Collins	CO	80525	970-218-0612
Toni Lively 142 6 <sup>th</sup> St #2	Frederick	CO	80530	303-833-0840
Marilyn Fowler 1333 Iris Ave	Boulder	CO	80302	303-413-6273
Mary Ursich 1751 Hover St B4 #201	Longmont	CO	80501	720-534-5983

Updated 12.20.22

**Motor Vehicle Driver's**  
**CERTIFICATION OF COMPLIANCE**  
**WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighting 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighting 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) (2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a) (2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and primary residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.

Driver's Name (printed) \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_