



# Driver/Operator Supplement

(for jobs that may require a CDL)

City of Durango - 949 E 2<sup>nd</sup> Avenue - Durango CO 81301

[hr@durangogov.org](mailto:hr@durangogov.org) – 970-375-5050

The City of Durango is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, national origin, gender, religion, age, sexual orientation, or disability in employment or the provision of services, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

- This Supplement AND an Employment Application are BOTH required for jobs that may require a CDL.
- Answer each question fully and accurately, or you may not be considered further.
- PLEASE PRINT, except for your signature at the end of the application.

Date:		
NAME: First:	Middle Initial:	Last:
Date of Birth:	Social Security Number:	
Previous Three Years Addresses:		
Address:		Dates:
Address:		Dates:
Address:		Dates:

## EMPLOYMENT HISTORY

*PLEASE NOTE: The information provided will be used to contact previous employers for the purpose of investigating your safety performance history information as required by FMCSR §391.23.*

You have the following rights regarding the investigative information that will be provided to the prospective employer (City of Durango) pursuant to paragraphs (d) and (e) of section: 391.23.

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information

<b>Which of your jobs listed on your application form under Employment History were subject to the Federal Motor Carrier Safety Regulations (FMCSRs)?</b>	
Company:	Dates Employed:
Company:	Dates Employed:
Company:	Dates Employed:
Company:	Dates Employed:
Company:	Dates Employed:
<b>Which of your jobs listed on your application form under Employment History were designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40?</b>	
Company:	Dates Employed:
Company:	Dates Employed:
Company:	Dates Employed:
Company:	Dates Employed:
Company:	Dates Employed:

**DRIVING EXPERIENCE**

Type of Equipment	From	To	Approximate # of miles
Bus			
Truck			
Truck Tractor			
Trailer (Type: _____)			
Other: _____			

REGULAR DRIVER'S LICENSE  I have a regular license, but do not have a CDL (List details below)

State	License #	Type	Endorsements	Expiration Date

COMMERCIAL DRIVER'S LICENSE  I have a Commercial Driver's License (List details below)  
 (list each unexpired vehicle operator's license or permit issued to you):

State	License #	Type	Endorsements	Expiration Date

Have you had any vehicle accidents during the past three (3) years?  Yes  No

*If yes, give details below: (Attach sheet if more space is needed)*

Date of Accident	Nature of Accident (Head on, rear end, etc.)	Location of Accident	# of Fatalities	# of People Injured

Have you had any Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations)?  Yes  No *If yes, give details below:*

Date	Location	Charge	Penalty

**Submit your application only after you have read and understand the following statement.**

I am an applicant for a position with the City of Durango, Colorado. This certifies that this supplemental form was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed, false statements on this form shall be considered sufficient cause for dismissal. I understand that a confidential background check may be performed on me, and that appointment to any City position is dependent upon the satisfactory completion of this check. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information, as allowed by law and as may be deemed necessary to judge my capability to do the work for which I am applying. I release the City to check with any employer, other references listed on this form, schools or colleges, criminal justice records, motor vehicle records or any other resource. I authorize all such resources to answer all questions and provide such information as requested by the City, and I release all such resources from any liability or consequences which may result from providing such information.

**I have read and I understand the above.**

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

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