

DRUG AND ALCOHOL INFORMATION
(For All Applicants)

All applicants for employment are required to submit to a drug and alcohol test after a conditional offer of employment has been made. The results of the drug and alcohol tests will be provided to the Employer. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or dismissal. This policy does not apply to the use of medications which have been prescribed for an individual by a licensed medical practitioner and which are used strictly in accordance with the prescription.

FOR MOTOR VEHICLE OPERATOR APPLICANTS ONLY

The following 3 questions must be answered in order to complete a check of your driving record:

Date of Birth: _____

Driver's License Information State: _____ Number: _____

How many years have you driven a commercial vehicle: _____

What is the property safety procedure for getting into and out of a tractor cab: _____

What is the property procedure for lifting boxes: _____

Have you ever fallen off a truck: _____ If "yes", how many times _____

Can you lift a load that weighs 75 pounds: _____

Can you drive _____ miles per day

Can you drive _____ hours in a _____ day period

DRIVING EXPERIENCE

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Dates</u>	<u>Approx. Miles</u>
Straight Truck _____	_____	_____	_____
Tractor & Semi _____	_____	_____	_____
Tractor-2 Trailers _____	_____	_____	_____
Tractor-Flatbed _____	_____	_____	_____

State any special course or training that will help you as a driver: _____

Have you received any safe driving awards: _____ If "yes" from whom: _____

If you answer "yes" to any of the following questions, you must provide detail on back:

Have you ever had an automobile accident: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle: _____

Has your motor vehicle license, permit, or privilege ever been suspended or revoked: _____

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol: _____ (DUI) or for driving while intoxicated (DWI): _____

ACCIDENT RECORD

(List all accidents in the past ____years whether chargeable or non-chargeable)

<u>Date</u>	<u>Nature of Accident</u>	<u>Fatality</u>	<u>Injuries</u>	<u>Vehicle</u>
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	

TRAFFIC CONVICTION RECORD

(List all traffic convictions and guilty pleas, in the past ___years, other than parking violations)

<u>Date</u>	<u>City and State</u>	<u>Charge</u>	<u>Penalty</u>	<u>Vehicle</u>
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	

(To Be Completed By All Applicants)

<u>School</u>	<u>Print Name, Number and Street, City, State and Zip Code of each School Listing</u>	<u>No. of Years Completed</u>	<u>Degree, Mayor, or Type of Course</u>
High School			
College			
Graduate School			
Trade, Business, Night or Correspondence			

FOR ALL APPLICANTS – PLEASE READ CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY THAT THE STATEMENTS MADE BY Me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, that I may be terminated regardless of the date on which the City discovers the violation of its policy regarding application form dishonesty.

In connection with my application for employment with the City of Colfax , I expressly authorize the release to the City of any records or information which may refer or relate to my application for

employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the City of Colfax and any other persons, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the City of Colfax as part of my application for employment.

If I am offered and accept employment with the City of Colfax, I understand that my employment is "At Will" and that my employment may be terminated at any time and for any reason either by me or by the City of Colfax.

Signature _____ Date _____