



BOYS & GIRLS CLUBS
OF PALM BEACH COUNTY

**SUPPLEMENTAL EMPLOYMENT
APPLICATION FOR COMMERCIAL
DRIVERS**

• 800 NORTHPOINT PARKWAY, STE. 204 •
• WEST PALM BEACH, FL • 33407 •

Boys & Girls Clubs of Palm Beach County, Inc.
SUPPLEMENTAL EMPLOYMENT APPLICATION FOR
COMMERCIAL DRIVERS

This Supplemental Employment Application is to be used by individuals applying for work for which a Commercial Driver's License or CDL is required. The Boys & Girls Clubs of Palm Beach County, Inc. ("Club") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or other protected status. In accordance with the Federal Motor Carrier Safety Regulations ("FMCSR"), all individuals applying to drive commercial motor vehicles must provide the following information and certify that the information provided is true to the best of their knowledge. Pursuant to Section 383.35 of the FMCSR, the Club may use the information provided on this application and the applicant's previous employers may be contacted for the purpose of investigating the applicant's work history.

INSTRUCTIONS: ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. PLEASE PRINT. Print "N/A" in any space that does not apply to you. **INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERED WITHDRAWN.**

Position applied for _____ Date _____

Last Name _____ First _____ MI _____

Date of Birth _____ Social Security Number _____

Current Address _____ City _____ State ____ Zip _____ How Long? _____

Home Phone # _____ Mobile Phone # _____

Provide your addresses for the **three** years prior to the date of application. (Attach additional sheets if necessary.)

Previous Address _____ City _____ State ____ Zip _____ How Long? _____

Previous Address _____ City _____ State ____ Zip _____ How Long? _____

Are you 18 years of age or older? Yes No Are you available for full time employment? Yes No
 Are you employed now? Yes No If not, how long since leaving last employment? _____
 Have you ever been bonded? Yes No Name of Bonding Company: _____

PLEASE READ CAREFULLY

Applicant's Due Process Rights in accordance with 49 C.F.R. § 391.23(i)

I authorize the Club to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required by 40 C.F.R. §§ 391.23(d) and (e). I understand that I have the right to:

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

Applicant's Signature _____ Date _____

PREVIOUS EMPLOYMENT

Pursuant to 49 C.F.R. §§ 383.35 and 391.21, list all employment for the past 10 years, beginning with the most recent job first. Include periods of unemployment, self-employment and military service. Attach additional sheets if necessary.

Start With Most Recent Job First

Business _____ Supervisor's Name _____

Address _____

City, State, Zip Code _____ Phone _____

Position Held _____ from _____ to _____ Salary _____

Reason for Leaving _____

Were you subjected to the FMSCR's under this employer? Yes No

Was this job designated as a DOT-regulated safety-sensitive position that was subjected to the alcohol and controlled substance testing requirements of 49 C.F.R. Part 40? Yes No

Business _____ Supervisor's Name _____

Address _____

City, State, Zip Code _____ Phone _____

Position Held _____ from _____ to _____ Salary _____

Reason for Leaving _____

Were you subject to the FMSCR's under this employer? Yes No

Was this job designated as a DOT-regulated safety-sensitive position that was subjected to the alcohol and controlled substance testing requirements of 49 C.F.R. Part 40? Yes No

Business _____ Supervisor's Name _____

Address _____

City, State, Zip Code _____ Phone _____

Position Held _____ from _____ to _____ Salary _____

Reason for Leaving _____

Were you subject to the FMSCR's under this employer? Yes No

Was this job designated as a DOT-regulated safety-sensitive position that was subjected to the alcohol and controlled substance testing requirements of 49 C.F.R. Part 40? Yes No

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS

(Include all violations of motor vehicle laws or ordinances, other than parking violations, for all types of vehicles. Include all convictions or those which included forfeiting a bond or collateral. If none, write NONE. Attach additional sheets if necessary.)

Location	Date	Charge	Penalty
1.			
2.			
3.			

Please provide the issuing State, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that you have been issued: _____

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

Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer is YES to either of the above questions, please explain: _____

ACCIDENT RECORD FOR PAST 3 YEARS

(Include information for all types of vehicles. If none, write NONE. Attach additional sheets if necessary.)

Dates	Nature of Accident (Head-on, rear-end, etc.)	Fatalities	Injuries
1.			
2.			
3.			

DRIVING EXPERIENCE RECORD

(Attach additional sheets if necessary.)

Class of Equipment	Type of Equipment (Van, Tank, Dump, Flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Flat Bed				
Tractor and Semi-Trailer				
Tractor- Two or Three Trailers				
Straight Truck				
Motor Coach-School Bus (indicate more than 7 or 15 passengers)				
Other (Specify)				

SAFE DRIVING AWARDS, ETC.

Date	Kind of Award	Presented By	While Employed By	In Recognition of
1.				
2.				
3.				

Describe any special courses or training that will help you as a driver: _____

GENERAL DRIVING RECORD

To date, I have driven commercial vehicles for ____ years, covering approximately ____ miles. The date of my last accident, while driving a commercial motor vehicle, was _____. Since that time, I have driven approximately _____ accident-free miles.

TO BE READ AND SIGNED BY APPLICANT

I understand that any misrepresentation of information given in this document shall be considered an act of dishonesty.

I understand that the Club or its agent(s) may investigate my background to ascertain any and all information of concern to my record and I release the Club and any persons or agents herein from all liability for any damages incurred on account of the furnishing of such information.

I agree to furnish any additional information and complete any examinations that the Club may require to complete my employment and/or driving file(s).

By signing below, I certify that this Supplemental Employment Application was completed by me and that all entries on it and all information in it are true and complete to the best of my knowledge.

Print Name

Applicant's Signature

Date

December 2019

PLEASE READ CAREFULLY

NOTICE OF DRUG AND ALCOHOL TESTING

In order to achieve the highest possible degree of safety in the public interest, and in accordance with Federal Guidelines: (1) all applicants for employment will undergo drug testing as part of their pre-employment physical examination; (2) a drug use screen at time of re-certification; and (3) a drug and/or alcohol use test at all other times, as deemed necessary by Management. The refusal to submit to a drug/alcohol test will be construed to be a voluntary resignation from employment. Results of the test(s) will be used in determining an individual's employment status with the Club.

In accordance with 49 C.F.R. § 382.301, prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result indicating a verified negative test result for that driver.

I understand that when hired, all commercial driver employees are placed in a random testing pool for alcohol and drugs.

I understand that I will be pre-employment tested for the following and must receive a negative result prior to hire.

- | | | |
|--------------|-----------------|------------------|
| a. Marijuana | c. Opiates | e. Phencyclidine |
| b. Cocaine | d. Amphetamines | (PCP) |

I understand that positive test results and refusals to test will be kept on file for five years and results will be given to persons/companies with proper authorization, as required by law.

I understand that in accordance with the Club's policy, the use of alcohol will not be tolerated during working hours.

I understand that while I am on duty, I am not permitted to perform safety-sensitive functions within four hours of consuming alcohol.

I understand that following a work-related accident, I will not use alcohol for eight hours following the accident or until I undergo a post-accident test, whichever occurs first.

I understand that I am not to report for duty or to remain on duty in a position requiring the performance of safety-sensitive functions, while I have an alcohol concentration of .04 or greater.

I understand that if I am brought to the Club's terminal for employment processing at the Club's expense, and I test positive, the Club will stop paying my expenses at that time.

I understand that anyone who claims to have a job-related injury will be drug/alcohol tested as part of an initial medical treatment. Such testing may exceed the minimum standards set by the Department of Transportation.

I understand that the Club conducts random, reasonable suspicion, and post-accident testing in accordance with the Club's policy, as well as federal guidelines.

I understand that my employment medical examination will include a urinalysis and that, in addition to routine testing, my specimen will be screened for drugs including, but not limited to, Cannabinoids (Marijuana), Cocaine, Opiates, Amphetamines and PCP. I understand the results of this screen will be given to the Club for its consideration.

Print Name

Applicant's Signature

Date

(MUST BE SIGNED AND DATED)