

2011 Supplemental Application for Employment: Previous Employment in a Safety Sensitive Area

(Note: This application should only be filled out if applicant has had a driving accident or violation in the past 3 years, had a DUI in the last 5 years, or answered yes to question A, B, or C on page 2 of the general GGC employment application)

Applicant Information

Name: _____
Last
First
M.I.

List your addresses for the past 3 years:

Current Physical Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Previous Addresses

Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____

Employment History

All 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.

Applicants with a current commercial driver's license* or have been issued one in the past shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: Add another sheet as necessary)

Company: _____			
Address: _____		City/State: _____	
Zip: _____		Fax #: ()	
Job Title: _____		Contact Person: _____	
Phone: ()		From: _____ To: _____ Reason for Leaving: _____	
Where 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 or Coast Guard regulated mode subject to drug and alcohol testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company: _____			
Address: _____		City/State: _____	
Zip: _____		Fax #: ()	
Job Title: _____		Contact Person: _____	
Phone: ()		From: _____ To: _____ Reason for Leaving: _____	
Where 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 or Coast Guard regulated mode subject to drug and alcohol testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Driving Accidents and Violations Record

Accident Record for past 3 years or more (attach sheet if more space is required). If none, write **none**.

Date: _____ Nature of the Accident: _____
 Fatalities: _____ Injuries: _____ Hazardous Material Spill: _____

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Traffic Violations of which applicant was convicted or forfeited bond or collateral during the past 3 years (excluding parking violations) OR received a DUI (Driving Under the Influence) in the last 5 years. If none, write **none**

Date: _____ Location: _____ Charge: _____ Penalty: _____
 Date: _____ Location: _____ Charge: _____ Penalty: _____
 Date: _____ Location: _____ Charge: _____ Penalty: _____

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 question, please give details regarding the facts and circumstances:

To Be Read and Signed by Applicant

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: _____