

Name \_\_\_\_\_

# *City of Rutland, Vermont*

*APPLICATION FOR EMPLOYMENT*

*AN EQUAL OPPORTUNITY EMPLOYER*

Department \_\_\_\_\_



Date \_\_\_\_\_



CITY OF RUTLAND  
VERMONT 05701

EMPLOYMENT  
APPLICATION

AN EQUAL OPPORTUNITY  
EMPLOYER

The City of Rutland, Vermont is an Equal Opportunity Employer. Discrimination based on age, sex, race, color, creed, national origin, disabling condition or any other nonmerit factor is prohibited.

**THIS APPLICATION FORM MUST BE USED TO APPLY FOR JOBS WITH THE CITY OF RUTLAND, VERMONT.**

**PLEASE USE THE FOLLOWING INSTRUCTIONS**

GENERAL INSTRUCTIONS AND INFORMATION

- Type all information or print legibly in ink.
- Complete all items that apply to you. Incomplete applications will be returned.
- Keep a copy of your completed application for later use.
- Resumes may be attached as noted in application. Do not submit work samples, letters of recommendation or other material with the application.
- Sign the application. Unsigned applications will NOT be processed.
- Applications received after an application deadline may not be accepted.
- The information you give on this application will be the basis for evaluating your training and experience. It is also a primary source of information for managers making hiring decisions. Do not disqualify yourself because you have not carefully prepared your application.
- If requested submit resume and cover letter with application. Confirm with department if required.

DO NOT WRITE IN THIS SPACE  
FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATIONS

REFERENCE CHECK

*POSITION NUMBER	RESULTS OF REFERENCE CHECK
1	
2	
3	
4	

\*See page 6

PERSONAL

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Initial

ADDRESS \_\_\_\_\_  
Street City State Zip

SOCIAL SECURITY NO. \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_  
Name Address Phone

SCHOOLS

NAME OF SCHOOL	DATE ATTENDED		GRADE COMPLETED	COURSE OR MAJOR SUBJECT
	From	To		
High School				
Business or Trade School				
College or University				

MISCELLANEOUS TRAINING

OFFICE MACHINES OPERATED  
 (Fill out if applying for office work)

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OTHER MACHINES OR EQUIPMENT OPERATED

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DESCRIBE ANY OTHER SPECIAL SKILLS WHICH ARE IN ANY WAY RELATED TO THE KIND OF WORK YOU WANT TO DO:

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**WORK EXPERIENCE**  
(A resume may be attached if preferred)

1.

Name of PRESENT or Last employer				Business		Address	
Starting Date		Leaving Date		Wages	Reason for Leaving	May We Contact?	
Month	Year	Month	Year				
Job Title			Name of Supervisor			Supervisor's Job Title	
Description of Work and Responsibilities:							

2.

Name of PRESENT or Last employer				Business		Address	
Starting Date		Leaving Date		Wages	Reason for Leaving	May We Contact?	
Month	Year	Month	Year				
Job Title			Name of Supervisor			Supervisor's Job Title	
Description of Work and Responsibilities:							

3.

Name of PRESENT or Last employer				Business		Address	
Starting Date		Leaving Date		Wages	Reason for Leaving	May We Contact?	
Month	Year	Month	Year				
Job Title			Name of Supervisor			Supervisor's Job Title	

MILITARY

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Major Duties \_\_\_\_\_

\_\_\_\_\_

Service Schools Attended \_\_\_\_\_

Present Military Obligation (Reserves) \_\_\_\_\_

REFERENCES

Personal References (Not former Employers or Relatives)		
Name and Occupation	Address	Phone
1.		
2.		
3.		
4.		

Have you ever been convicted of any crime?  Yes  No  
 (If answer is yes, please explain on separate sheet.)

If you are applying for a job that may involve driving a municipal vehicle please answer the following:

Do you possess a valid VT Driver's License  Yes  No License Number \_\_\_\_\_

Please check License type:  Operators  
 CDL

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

Signature of Applicant \_\_\_\_\_

If you wish to give additional information, use space below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



CITY OF RUTLAND  
DEPARTMENT OF PUBLIC WORKS  
RUTLAND, VERMONT

City Hall - 52 Washington St. - Rutland, VT 05701  
Mailing Address: P. O. Box 969 - Rutland, VT 05702  
Phone: 802-773-1813 Fax: 802-775-3947

APPLICATION FOR CDL DRIVER  
FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED-PRINT OR TYPE

Date \_\_\_\_\_ Position Applying For \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cellular Tel. \_\_\_\_\_

Date of Birth \_\_\_\_\_

If your above address is less than 3 yrs continue listing them below to cover 3 yr period

1. Street \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

2. Street \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Use backside of sheet for additional addresses

Driver's License Information

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

List all Traffic Violations and/or Convictions last 3 years. (If none write NONE)

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle Y/N

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle Y/N

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle Y/N

Have you ever had any driver license denied, suspended, revoked or canceled by an issuing State agency?  Yes  No If Yes: State of issuance and explanation:

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List all accidents in last 3 years. (If none write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

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Employment History: List employers for the last 10 years. Account for any gaps between employers.

1. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact: Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes  No

Were you subject to 49 CFR part 40, controlled substance and alcohol testing? Yes  No

Reason for Leaving: \_\_\_\_\_

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2. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact: Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes  No

Were you subject to 49 CFR part 40, controlled substance and alcohol testing? Yes  No

Reason for Leaving: \_\_\_\_\_

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3. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact: Yes  No

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing? Yes  No

Reason for Leaving: \_\_\_\_\_

**Use another sheet for additional employers**

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective employer may consider the driver to have waived their request to review the records.

### CERTIFICATION

**"I certify that this application was completed by me, and that all entries or attached information in it are true and complete to the best of my knowledge."**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### **TO BE COMPLETED BY THE EMPLOYER**

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Comments:

APPLICANT ACKNOWLEDGEMENT  
OF  
DRUG AND ALCOHOL TESTING REQUIREMENT

I understand that as a condition of employment I must successfully complete a US DOT drug and or alcohol test as required by 49 CFR Part 655 or 49CFR Part 382 and 49 CFR Part 40 when requested by the employer.

I understand that a NEGATIVE drug test is required before I will be allowed to perform safety-sensitive duties.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

# EMPLOYEE CONTROLLED SUBSTANCE USE STATEMENT

Pursuant to Sec. 40.25(j) of CFR 49 Part 40 – An employer covered by DOT drug and alcohol testing rules must ask a perspective employee who will be performing safety-sensitive functions for said employer whether or not he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by another employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by the DOT 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 the employer must not use the employee to perform safety-sensitive functions until and unless the employee documents successful completion of the return-to-duty process. (Refer to Sec. 40.25(b) (5) and (e))

Company Name: \_\_\_\_\_ Street \_\_\_\_\_

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

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

The perspective employee is required by Sec. 40.25 to respond to the following question:

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

CHECK ONE:  YES  NO

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

Rutland City DPW

52 Washington St.

Rutland, Vt. 05701

802-773-1813

COMMERCIAL VEHICLE DRIVER APPLICANT  
Controlled Substance and Alcohol Questionnaire  
Pursuant to 49 CFR part 40.25(j)

Application Date \_\_\_\_\_

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

49 CFR 40.25(j)

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES —	Have you successfully completed the return-to-duty process?	YES	NO
If YES —	<b>Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.</b>		

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

TO BE COMPLETED BY EMPLOYER:

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

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

Title: \_\_\_\_\_

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