

DRIVER EMPLOYMENT APPLICATION

MANCHESTER TRANSIT AUTHORITY

110 Elm Street • Manchester, NH 03101-2799

Phone: (603) 623-8801 • Fax: (603) 626-4512 • www.mtabus.org

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
PHONE	EMAIL	
DATE OF BIRTH	SOCIAL SECURITY #	DATE OF APPLICATION
POSITION APPLIED FOR		DATE AVAILABLE FOR WORK
Do you have the legal right to work in the United States?		☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY

Attach an additional sheet if more space is needed.

ADDRESS	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS 1					
PREVIOUS 2					
PREVIOUS 3					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE / CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				
STATE	LICENSE #	TYPE / CLASS	ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach an additional sheet if more space is needed.

☐ Check this box if none

DATES (list most recent first)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach an additional sheet if more space is needed.

☐ Check this box if none

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION	PENALTY (forfeited bond, collateral and/or points)

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

☐ YES

☐ NO

IF YES, EXPLAIN

Has any license, permit, or privilege ever been suspended or revoked?

☐ YES

☐ NO

IF YES, EXPLAIN

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years, for a total of ten (10) years. Any gap in employment in excess of one (1) month must be explained.

Start with your last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state and ZIP, and to complete all other information.

CURRENT (MOST RECENT) EMPLOYER

NAME OF EMPLOYER		PHONE	
COMPLETE MAILING ADDRESS (Street, City, State, ZIP)			
POSITION HELD	FROM (MO/YR)	TO (MO/YR)	SALARY / RATE OF PAY
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		☐ YES	☐ NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?		☐ YES	☐ NO

SECOND MOST RECENT EMPLOYER			
NAME OF EMPLOYER			PHONE
COMPLETE MAILING ADDRESS (Street, City, State, ZIP)			
POSITION HELD	FROM (MO/YR)	TO (MO/YR)	SALARY / RATE OF PAY
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			☐ YES ☐ NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?			☐ YES ☐ NO

THIRD MOST RECENT EMPLOYER			
NAME OF EMPLOYER			PHONE
COMPLETE MAILING ADDRESS (Street, City, State, ZIP)			
POSITION HELD	FROM (MO/YR)	TO (MO/YR)	SALARY / RATE OF PAY
REASON FOR LEAVING			
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year and reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?			☐ YES ☐ NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR Part 40?			☐ YES ☐ NO

EDUCATION						
LEVEL	SCHOOL NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE?		DETAILS
HIGH SCHOOL				☐ YES	☐ NO	
COLLEGE				☐ YES	☐ NO	
OTHER				☐ YES	☐ NO	

OTHER QUALIFICATIONS
<i>Please list any other qualifications you have and which you believe should be considered.</i>

TO BE READ AND SIGNED BY APPLICANT

I authorize Manchester Transit Authority to make investigations (including contacting current and prior employers) into my personal, employment, financial, and medical history, and other related matters as may be necessary in arriving at an employment decision. 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Manchester Transit Authority.

I understand that the information I provide regarding my current and/or prior employers may be used, and that those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

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

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

If you complete this form on a computer, save your work, then print and sign in ink — unless Manchester Transit Authority has advised you that electronic signatures are accepted.

APPLICANT SIGNATURE	DATE
APPLICANT NAME (PRINTED)	

Return your completed application to: Manchester Transit Authority, 110 Elm Street, Manchester, NH 03101-2799 • (603) 623-8801

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

MANCHESTER TRANSIT AUTHORITY

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PART 1 — DRIVER RELEASE (completed by the driver)

EMPLOYEE / DRIVER NAME	DATE OF BIRTH	DRIVER LICENSE # AND STATE
SOCIAL SECURITY # OR DRIVER ID		DATE OF THIS RELEASE

I authorize Manchester Transit Authority to contact my previous employers listed below, and any other DOT-regulated employer I have worked for, to obtain my safety performance history for the three (3) years preceding the date of my employment application. I understand this inquiry covers:

- General employment verification, and accidents I was involved in that are reportable under 49 CFR 390.15(b)(1), together with any other accidents the employer retained information on;
- Alcohol tests with a result of 0.04 or higher, verified positive controlled substances tests, and refusals to be tested, under 49 CFR 391.23(e) and 40.25;
- Other violations of DOT controlled substances and alcohol regulations, and, where a violation occurred, documentation of my completion of the return-to-duty process.

I release my previous employers, and their agents and employees, from liability for furnishing this information. I understand I have the right to review information provided by previous employers, to have errors corrected and the corrected information resent, and to attach a rebuttal statement if a previous employer and I cannot agree on the accuracy of the information.

	EMPLOYER NAME	ADDRESS, CITY, STATE, ZIP	PHONE / FAX	DATES EMPLOYED
1				
2				
3				

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DRIVER SIGNATURE

DATE

DRIVER NAME (PRINTED)

DRIVER'S CERTIFICATION OF VIOLATIONS

MANCHESTER TRANSIT AUTHORITY

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Each driver must complete this certification at least once every twelve (12) months and give it to Manchester Transit Authority. List all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which you were convicted, or forfeited bond or collateral, during the past 12 months. Include violations in any vehicle, not only commercial motor vehicles.

DRIVER INFORMATION

EMPLOYEE / DRIVER NAME	DATE OF BIRTH	DRIVER LICENSE # AND STATE
CERTIFICATION PERIOD FROM	CERTIFICATION PERIOD TO	

VIOLATIONS

Attach an additional sheet if more space is needed.

☐ Check here if you had no violations

DATE CONVICTED	OFFENSE	LOCATION (CITY / STATE)	TYPE OF VEHICLE OPERATED

CERTIFICATION

I certify that the information above is complete and true. I understand that a false certification may result in discharge, and that I am required to notify Manchester Transit Authority of any conviction as required by law.

DRIVER SIGNATURE	DATE
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DRIVER NAME (PRINTED)

FOR OFFICE USE ONLY

REVIEWED BY	TITLE	DATE REVIEWED
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FMCSA DRUG AND ALCOHOL CLEARINGHOUSE CONSENT

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The FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse is a federal database of drug and alcohol program violations by CDL and CLP holders. Manchester Transit Authority must query the Clearinghouse before allowing you to perform a safety-sensitive function, and at least once a year afterward.

DRIVER

EMPLOYEE / DRIVER NAME	DATE OF BIRTH	DRIVER LICENSE # AND STATE

A full query also requires your electronic consent inside the Clearinghouse.

This paper form provides your consent for limited queries. A **full query** — required before you first perform a safety-sensitive function — can only be authorized by you electronically after you register at clearinghouse.fmcsa.dot.gov. Signing this form does not replace that step, and Manchester Transit Authority cannot let you drive until the full query is complete.

LIMITED QUERY CONSENT

I authorize Manchester Transit Authority to conduct limited queries of the FMCSA Drug and Alcohol Clearinghouse to determine whether any information about me exists in the database. I understand that a limited query does not release the contents of any record, and that if a limited query shows information exists, Manchester Transit Authority must obtain my electronic consent in the Clearinghouse for a full query within 24 hours or remove me from safety-sensitive duty.

THIS CONSENT COVERS ☐ ONE YEAR ☐ THE DURATION OF MY EMPLOYMENT	CONSENT EFFECTIVE DATE

I understand I may revoke this consent in writing at any time, and that if I do, Manchester Transit Authority may not permit me to perform safety-sensitive functions.

DRIVER SIGNATURE	DATE

DRIVER NAME (PRINTED)

FOR OFFICE USE ONLY			
QUERY TYPE	DATE OF QUERY	RESULT	CONDUCTED BY
PRE-EMPLOYMENT FULL QUERY			
ANNUAL LIMITED QUERY			

SCHOOL TRANSPORTATION REQUIREMENTS

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Complete this form only if you are assigned to operate a school bus or school transportation vehicle. New Hampshire law requires a criminal history records check for these drivers and a school bus driver's certificate issued by the Division of Motor Vehicles.

DRIVER

EMPLOYEE / DRIVER NAME	DATE OF BIRTH	DRIVER LICENSE # AND STATE

CRIMINAL HISTORY RECORDS CHECK (RSA 189:13-a and 189:13-b)

I understand that New Hampshire requires a criminal history records check for school bus and school transportation vehicle drivers, conducted by the New Hampshire State Police through its records and through the Federal Bureau of Investigation. I understand that I must submit a criminal history records release form provided by the State Police, together with a full set of fingerprints taken by a qualified agency, and that I may not begin driving students until the check has been completed.

The State Police release form is a state document. It is provided separately and cannot be replaced by this page.

RELEASE FORM SUBMITTED (DATE)	FINGERPRINT APPOINTMENT (DATE)	RESULTS RECEIVED (DATE)

SCHOOL BUS DRIVER'S CERTIFICATE (RSA 263:29)

CERTIFICATE NUMBER	ISSUE DATE	EXPIRATION DATE	
CDL CLASS	PASSENGER (P) ENDORSEMENT	SCHOOL BUS (S) ENDORSEMENT	AIR BRAKE RESTRICTION?

ACKNOWLEDGMENT

☐	I will notify Manchester Transit Authority immediately of any arrest, charge, or conviction that occurs after my records check is completed.
☐	I will keep my school bus driver's certificate and endorsements current and give Manchester Transit Authority a copy of each renewal.
☐	I understand that student transportation duties may be suspended pending the outcome of any records check.

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DRIVER SIGNATURE

DATE

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DRIVER NAME (PRINTED)

FOR OFFICE USE ONLY

CLEARED TO TRANSPORT STUDENTS (DATE)	APPROVED BY	TITLE