

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to The Town of Phillips to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that regulations require the limited query to be conducted once every 365 days. This consent will remain valid for the tenure of my employment and will be constrained to only conducting the limited query once each year as regulation requires.

I understand that if the limited query conducted by The Town of Phillips indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to The Town of Phillips without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for The Town of Phillips to conduct a limited query of the Clearinghouse, The Town of Phillips must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date

Employment Application

We are an Equal Opportunity Employer

Please mail or bring your completed application to:

Town of Phillips
124 Main Street
Phillips, Maine 04966

Resumes may be attached, but will not be accepted in lieu of a completed application.

| Job Data | | | |
|---|----------|--|--------------|
| Job Title: | | Date you will be available for employment: | |
| Job Posting No: | | | |
| Personal Data | | | |
| Name: Last: | | First: | Middle: |
| Address: | | | |
| City: | | State: | Zip: |
| Phone# | Days: | Evenings: | Alternate: |
| All applicants who are offered employment must provide documents which establish their identity and employment eligibility for authorization to work in the U.S. Do you have the legal right to work in the U.S.? Yes No | | | |
| Date of birth (if less than 18): | | | |
| Have you ever worked or volunteered for the Municipality? Yes No | | | |
| If yes, please give dates: | | | |
| Do you have any relatives employed with the Municipality? Yes No | | | |
| If yes, please list: | | | |
| Name | Division | Relationship | |
| Name | Division | Relationship | |
| Name | Division | Relationship | |
| Driver's License No. & State: | | Class: | Expiration: |
| Have you had any traffic convictions or accidents in the last three years? Yes No | | | |
| If yes, please list: | | | |
| Conviction or Accident | | Date | |
| Conviction or Accident | | Date | |
| Conviction or Accident | | Date | |
| Conviction or Accident | | Date | |
| Commercial Driver's License No. & State: | | Class: | Endorsements |
| | | | Expires: |
| Please list other names you have used: | | | |
| Have you been convicted of any crime? Yes No If yes, please give details including dates, charges, and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying. | | | |

Employment Application

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Education *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.*

| | | | | |
|---|-------|--------------------------------|---------|--|
| Did you graduate from High School or do you have a G.E.D.? Yes No | | High School Name: Location: | | |
| Name of School, College(s) or University | Major | Credit Hours | Degree* | |
| | | | | |
| | | | | |
| | | | | |

*Proof of degrees from College/University obtained will be required upon hire.

| | | | |
|---|-----------------|---------|--|
| Name of Trade/Technical/Business or Other School(s) Attended | Course of Study | Diploma | |
| | | | |
| | | | |

List other licenses held (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

Skills Overview

Approximate Typing Speed in words per minute:

List computer software with which you are familiar:

| | | | | |
|---|--------------|--------|-------|--------|
| Fluent in a language other than English: Yes No | Language(s): | Speak: | Read: | Write: |
|---|--------------|--------|-------|--------|

Please summarize relevant skills and experience that exemplify your qualifications for the above position:

Tools and machines you can use and operate:

Light or heavy motor vehicle equipment you can operate:

Summarize Volunteer Services work including dates:

Summarize Leadership Roles:

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Employment History *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application*

Current or most recent employer:

Phone:

Address:

Your Title:

Employment Dates

From:

To:

Supervisor's name/title:

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position? Yes No

Employer:

Phone:

Address:

Your Title:

Employment Dates

From:

To:

Supervisor's name/title:

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position? Yes No

Employer:

Phone:

Address:

Your Title:

Employment Dates

From:

To:

Supervisor's name/title:

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position? Yes No

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Employment History *Note: Complete this application in its entirety, incomplete applications will not be accepted. Resumes may be attached, but will not be accepted in lieu of a completed application.*

| | | |
|--------------------------|-------|--------|
| Employer: | | Phone: |
| Address: | | |
| Your Title: | | |
| Employment Dates | From: | To: |
| Supervisor's name/title: | | |

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position? Yes No

| | | |
|--------------------------|-------|--------|
| Employer: | | Phone: |
| Address: | | |
| Your Title: | | |
| Employment Dates | From: | To: |
| Supervisor's name/title: | | |

Work Performed:

Reason for leaving:

May we contact this employer if you are considered for the position? Yes No

Military Service

Have you ever served on active duty in the U.S. armed forces? Yes No

| | | |
|-----------------|-------|-----|
| Dates: | From: | To: |
| Branch: | | |
| Primary Duties: | | |