

# DRIVER'S SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

Applicant's Name \_\_\_\_\_  
(print or type)

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

**Middle Tennessee Electric Membership Corporation  
555 New Salem Road  
Murfreesboro, Tennessee 37129**

The Cooperative, in accordance with state and federal laws, does not discriminate on the basis of race, color, religion, sex (including pregnancy), national origin, age, disability, veteran status or any other category protected by law.

## TO BE READ AND SIGNED BY APPLICANT

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 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 the previous employer(s) and I cannot agree on the accuracy of the information.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY APPLICANT

(answer all questions – please print or type)

Position(s) Applied For \_\_\_\_\_

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

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

(Information received in response to the request for your date of birth will not be used to discriminate on the basis of age against any applicant for employment or employee. Such information is requested to comply with the requirements of 49 C.F.R. § 391.21(b)(2).)

Do you have the legal right to work in the United States?  Yes  No

Can you perform the essential functions of the job for which you have applied as described by the job posting?  
 Yes  No

### List your addresses of residency for the past three years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Previous  
Addresses

Street	City	State & Zip Code	How Long?	yr./mo.
Street	City	State & Zip Code	How Long?	yr./mo.
Street	City	State & Zip Code	How Long?	yr./mo.

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add additional sheets as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS				
CITY	STATE	ZIP		
CONTACT PERSON		PHONE NUMBER		
REASON FOR LEAVING				
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS						
CITY	STATE	ZIP				
CONTACT PERSON		PHONE NUMBER				
REASON FOR LEAVING						
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EMPLOYER			DATE			
NAME			FROM MO.	YR.	TO MO.	YR.
ADDRESS						
CITY	STATE	ZIP				
CONTACT PERSON		PHONE NUMBER				
REASON FOR LEAVING						
WERE YOU SUBJECT TO THE FMCSRs <sup>†</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

\*Includes: vehicles having a gross combination weight rating of 26,001 lbs. or more inclusive of a towed unit with a GVWR of more than 10,000 lbs.; vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport 16 or more passengers, including the driver; OR any size vehicle used in the transportation of hazardous materials as defined in 49 C.F.R. Part 383.

<sup>†</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST THREE YEARS. IF NONE, WRITE NONE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST THREE YEARS, IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

