

**Choptank Electric Cooperative, Inc.**

**P.O. Box 430**

**Denton, MD 21629**



**CDL APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT**

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

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

Position(s) Applied for \_\_\_\_\_

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or review process should notify a representative of the Human Resources Department.

**List your addresses of residency for the past 3 years**

Current Address \_\_\_\_\_  
Street City State & Zip Code

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_ yr/mo.  
How Long? \_\_\_\_\_

Street City State Zip Code yr/mo.

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

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

Referral Source (How did you hear about this position?): \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? \_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Date available for work? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

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Is there any reason you might be unable to perform the functions of the job for which you have applied?

\_\_\_\_\_  
If yes, explain if you wish.

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**EMPLOYMENT HISTORY – (Starting with your most recent employer)**

| EMPLOYER   |       |              | FROM               | TO      |
|--|-------|--------------|--------------------|---------|
| NAME   |       |              | MO. YR.            | MO. YR. |
| ADDRESS  |       |              | POSITION           |         |
| CITY   | STATE | ZIP          | SALARY/WAGE        |         |
| CONTACT PERSON   |       | PHONE NUMBER | REASON FOR LEAVING |         |
| JOB RESPONSIBILITIES   |       |              |                    |         |
|  |       |              |                    |         |
| WERE YOU SUBJECT TO THE FMCSRs 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 PART40? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |              |                    |         |

| EMPLOYER |       |     | FROM        | TO      |
|----------|-------|-----|-------------|---------|
| NAME     |       |     | MO. YR.     | MO. YR. |
| ADDRESS  |       |     | POSITION    |         |
| CITY     | STATE | ZIP | SALARY/WAGE |         |

|  |              |                    |
|--|--------------|--------------------|
| CONTACT PERSON   | PHONE NUMBER | REASON FOR LEAVING |
| JOB RESPONSIBILITIES   |              |                    |
| WERE YOU SUBJECT TO THE FMCSRS 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 PART40? <input type="checkbox"/> YES <input type="checkbox"/> NO |              |                    |

|  |                 |                    |
|--|-----------------|--------------------|
| <b>EMPLOYER</b>  |                 |                    |
| NAME   | FROM<br>MO. YR. | TO<br>MO. YR.      |
| ADDRESS  | POSITION        |                    |
| CITY   | STATE           | ZIP                |
| CONTACT PERSON   | PHONE NUMBER    | REASON FOR LEAVING |
| JOB RESPONSIBILITIES   |                 |                    |
| WERE YOU SUBJECT TO THE FMCSRS 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 PART40? <input type="checkbox"/> YES <input type="checkbox"/> NO |                 |                    |

|  |                 |                    |
|--|-----------------|--------------------|
| <b>EMPLOYER</b>  |                 |                    |
| NAME   | FROM<br>MO. YR. | TO<br>MO. YR.      |
| ADDRESS  | POSITION        |                    |
| CITY   | STATE           | ZIP                |
| CONTACT PERSON   | PHONE NUMBER    | REASON FOR LEAVING |
| JOB RESPONSIBILITIES   |                 |                    |
| WERE YOU SUBJECT TO THE FMCSRS 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 PART40? <input type="checkbox"/> YES <input type="checkbox"/> NO |                 |                    |

Includes 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 to transport hazardous materials in a quantity requiring placarding.

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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## EDUCATIONAL BACKGROUND

ENTER HIGHEST GRADE COMPLETED:

Primary/Secondary (Grades 1 through 12) \_\_\_\_\_

College (1 or more) \_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_  
Name City State

Diploma/GED  Degree \_\_\_\_\_  Certification \_\_\_\_\_

Other \_\_\_\_\_

## DRIVING INFORMATION

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

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

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

**EXPERIENCE AND QUALIFICATIONS - DRIVER (LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS)**

|                            | STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|----------------------------|-------|----------------|------|-----------------|
| <b>DRIVER<br/>LICENSES</b> |       |                |      |                 |
|                            |       |                |      |                 |
|                            |       |                |      |                 |
|                            |       |                |      |                 |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

| CLASS OF EQUIPMENT  | TYPE OF EQUIPMENT (i. e. VAN,<br>TANK, FLAT, DUMP, REFER) | DATES<br>FROM | TO | APPROX. NO. OF MILES<br>(TOTAL) |
|---|---|---------------|----|---------------------------------|
| STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |               |    |                                 |
| TRACTOR AND SEMI-TRAI <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |               |    |                                 |
| TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |               |    |                                 |
| TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |               |    |                                 |
| MOTORCOACH SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8<br/>passengers</small>  |   |               |    |                                 |
| MOTORCOACH SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15<br/>passengers</small> |   |               |    |                                 |
| OTHER   |   |               |    |                                 |

**DRIVING INFORMATION (CONTINUED)**

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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**REFERENCES**

List name and telephone number of three business/work references who are **not** related to you and are **not** previous supervisors. In not applicable, list three school or personal references who are **not** related to you.

| Name | Title | Relationship | Telephone | # years known |
|------|-------|--------------|-----------|---------------|
|      |       |              |           |               |
|      |       |              |           |               |
|      |       |              |           |               |

### **APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employers service, whenever it is discovered.

#### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_