

Supplemental Application for CDL Applicants

Bend Garbage & Recycling High Country Disposal Deschutes Recycling

Deschutes Transfer Mid Oregon Recycling

P O Box 504, Bend, OR 97709

DOT regulation 391.21 requires the following information be included with your application:

Name: _____

Current Address: _____

Date of Birth: ____/____/____ Social Security Number ____--____--____

Address for the **past 3 years**:

1. _____

2. _____

3. _____

Issuing State of CDL ____ Number _____ Expiration Date ____/____/____

List **all motor vehicle accidents** you were involved in and all traffic violations during the **previous 3 years**.

1. Accidents: _____

2. Violations: _____

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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? YES ____ NO ____

If YES you must provide documentation of successful completion of your return to duty process.

List all employers, including name and address, for the **previous 10 years**, if not covered in the regular application. **Attach separate sheet if needed.**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the facts set forth in this supplemental application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may result in the rejection of my application or if hired, termination of employment.

Signature

____/____/____
Date

