

**GRAYS HARBOR COUNTY/STATE OF WASHINGTON
CONFIDENTIAL EMPLOYMENT APPLICATION ADDENDUM
FOR POSITIONS REQUIRING CDL**

FOR OFFICE USE ONLY	DATE STAMP
CDL INQUIRY TO: <hr/> <hr/> <hr/>	

APPLICANT INFORMATION

Position Applying For:	Department:
Last Name:	First name:
	M.I.:
	SS #:

During the past two years, have you failed or refused any DOT-mandated pre-employment tests? Yes No

APPLICANT EMPLOYMENT HISTORY

Applicant
Per regulations, Grays Harbor County is required to inquire about alcohol and controlled substance information from your previous employers during the preceding two years from the date of this application. Please complete this information for the last two years, beginning with your most recent employer.

Employer	Date Employed		Job Title
	From	To	
Address			
Employer	Date Employed		Job Title
	From	To	
Address			
Employer	Date Employed		Job Title
	From	To	
Address			
Employer	Date Employed		Job Title
	From	To	
Address			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

I understand that any offer of employment is contingent upon the results of DOT-mandated pre-employment testing and the evaluation and approval of data received from this inquiry and satisfactory motor vehicle driving record.

I hereby authorize the employers listed above to complete the requested information and forward to my prospective employer, Grays Harbor County.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Employer
The prospective employee listed above has authorized you to release the following information. Please complete this form and return to the address below. We appreciate your prompt attention to this inquiry.

Employer	Date Employed		CDL Inquiry
	From	To	
Address			Did the employee have an alcohol test with a result of 0.04 alcohol concentration or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Completing Form	Title		Did the employee have a verified positive controlled substance test result? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date		Did the employee refuse to be tested? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please return to: Grays Harbor County

<input type="checkbox"/> Public Services/Personnel 100 W Broadway Suite 31 Montesano, WA 98563	<input type="checkbox"/> Fair/Pavillion-Personnel PO Box 1229 Elma, WA 98541	<input type="checkbox"/> Other _____ _____
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