

Certification of Employment as a Commercial Motor Vehicle Operator

(List all employers for whom you operated a commercial vehicle during the last 10 years)

Name: _____ SSN: _____ Home Phone: _____

Name, Address & Phone Number of Previous Employer	Dates of Employment	Reason for Leaving Employment

I certify that all information is true and complete. My signature constitutes specific written permission for previous employers to release information required by Title 49 CFR Part 382.413 (Release of alcohol and controlled substances test information).

Signature

Date

CDL Applicants:

Under Federal Motor Carrier Safety Administration (FMCSA) Regulations (Title 49 CFR Parts 382 and 383) and Alaska Statute (AS 28.33) the State of Alaska must obtain the previous commercial driving employment history for the 10 years preceding the date of interview. Under the federal regulations and Alaska Statute, the State may, if necessary, contact previous employers for the purpose of clarifying your driving history.

Under Title 49 CFR Part 382, Controlled Substances and Alcohol Use and Testing, the State must contact all employers for whom you have performed CDL duties within the last two years to obtain information on alcohol test results of .04 concentration or greater and/or positive controlled substances tests performed under this program.

If you are selected for a CDL position, your signature on this form will constitute your specific written authorization for previous employers to release required information to the State. In addition, FMCSA regulation (49 CFR 383) also requires employers to query applicants prior to employment and annually in the federal Clearinghouse online database. Prior to the start of employment, you will need to register with the federal Clearinghouse and provide electronic consent for this query to be made (<https://clearinghouse.fmcsa.dot.gov/>). Please be aware that the State of Alaska is prohibited by the above laws from allowing you to perform CDL duties for more than 14 days without obtaining and reviewing the required information. Any offer of employment will be conditional on your successfully passing a pre-employment drug test, and on the State obtaining the required drug and alcohol testing information.

Please complete the Certification of Employment form and provide the information requested for each previous employer for which you were an operator of a commercial vehicle within the last 10 years. Attach additional sheets if necessary. If you are completing this form prior to the job interview, please bring the completed form with you to the interview.