



Connecticut Department of Transportation Commercial Driver Supplement (CTDOT-CDL-1)

The complete application for a CTDOT CDL position includes both the
Application for Examination or Employment (CT-HR-12) & Commercial Driver Supplement (CTDOT-CDL-1)



1. Answer all questions carefully and completely. Please type or print neatly.
2. Attach additional sheets as required.
3. Misstatements of any kind may invalidate your application, examination, and subsequent appointment.
4. All information requested is required by Federal regulations or as a part of the hiring process. Failure to accurately and completely provide all the requested information may disqualify the applicant from a Commercial Driver's position.

Send To: State of Connecticut - Department of Transportation
Human Resources Office - 2800 Berlin Turnpike
P.O. Box 317546 - Newington, CT 06131-7546
(or address listed on the job posting, if applicable)

SECTION I – Personal Information

Today's Date: _____

Name: First _____ Middle _____ Last _____

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Home telephone: _____ Cellular telephone: _____

If at the above address for less than 3 years, continue listing prior addresses below to cover the previous 3 year period:

1) Street _____ City _____ State _____ Zip _____

Dates: From _____ To _____

2) Street _____ City _____ State _____ Zip _____

Dates: From _____ To _____

3) Street _____ City _____ State _____ Zip _____

Dates: From _____ To _____

SECTION II – CDL License, Medical Card & Driving History

Do you have a current and valid Medical Examiner's Certificate? ☐ Yes ☐ No Expiration Date _____

Driver's License Information: all licenses held, last 3 years:

State	CDL License Number	Endorsements	Restrictions	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Driving Experience:

Types of vehicles driven _____

Dates to /from _____

Approximate Miles Driven _____

Have you been involved in any motor vehicle accidents within the last 3 years?☐ Yes ☐ No (If YES please explain)

Date _____ Fatalities _____ Injuries _____ Describe _____

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Have you received any traffic citations within the last 3 years?☐ Yes ☐ No (If YES please explain)Date _____ State _____ Violation _____ Commercial Vehicle: ☐ Yes ☐ NoDate _____ State _____ Violation _____ Commercial Vehicle: ☐ Yes ☐ NoDate _____ State _____ Violation _____ Commercial Vehicle: ☐ Yes ☐ No

Have you ever had any driver's license denied, suspended, revoked or canceled?

☐ Yes☐ No

If yes; What State Took the Action? _____ What State Issued the Original License? _____

Explain the Circumstances:

SECTION III – Employment HistoryEmployment History, last 10 years (CFR 383.35)—account for gaps between employers:

(If owner/operator, list carriers leased to)

1) Employer: _____ Dates: _____ to _____

Street: _____ City, State, Zip code: _____

Supervisor: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?

☐ Yes ☐ No

Reason for Leaving:

2) Employer: _____ Dates: _____ to _____

Street: _____ City, State, Zip code: _____

Supervisor: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?

☐ Yes ☐ No

Last Name _____ First Name _____

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Reason for Leaving:

3) Employer: _____ Dates: _____ to _____

Street: _____ City, State, Zip code: _____

Supervisor: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?

☐ Yes ☐ No

Reason for Leaving:

4) Employer: _____ Dates: _____ to _____

Street: _____ City, State, Zip code: _____

Supervisor: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?

☐ Yes ☐ No

Reason for Leaving:

5) Employer: _____ Dates: _____ to _____

Street: _____ City, State, Zip code: _____

Supervisor: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?

☐ Yes ☐ No

Reason for Leaving:

6) Employer: _____ Dates: _____ to _____

Street: _____ City, State, Zip code: _____

Supervisor: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?

☐ Yes ☐ No

Reason for Leaving:

Activities during times of unemployment (include dates):

SECTION IV – Controlled Substance and Alcohol History**Controlled Substance and Alcohol - Pursuant to 49 CFR part 40.25 & 40.25(j)**

For applicant drivers of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR parts 40.25 & 40.25(j).

- 1) Have you ever tested positive, or refused to test, on any **pre-employment** drug or alcohol test, administered by an employer to which you have applied, even if you did not obtain a safety-sensitive position covered by Federal DOT drug and alcohol testing rules, during the past three years? ☐ Yes ☐ No
- If YES - Have you successfully completed the return-to-duty process? ☐ Yes ☐ No
Date Completed: _____ (Documentation MUST BE ATTACHED TO THIS FORM)
- 2) At **anytime** while employed as a CDL Operator, did you ever refuse to test or test positive for drugs or alcohol? ☐ Yes ☐ No
If YES, complete the following:

a) 1st Positive/Refusal

Date: _____ Employer: _____

- Did you successfully complete the return-to-duty process, which included an evaluation by a Substance Abuse Professional (SAP)? ☐ Yes ☐ No Date Completed: _____ (Documentation MUST BE ATTACHED TO THIS FORM)

b) 2nd Positive/Refusal

Date: _____ Employer: _____

- Did you successfully complete the return-to-duty process, which included an evaluation by a Substance Abuse Professional (SAP)? ☐ Yes ☐ No Date Completed: _____ (Documentation MUST BE ATTACHED TO THIS FORM)

c) 3rd Positive/Refusal

Date: _____ Employer: _____

- Did you successfully complete the return-to-duty process, which included an evaluation by a Substance Abuse Professional (SAP)? ☐ Yes ☐ No Date Completed: _____ (Documentation MUST BE ATTACHED TO THIS FORM)

Application Certification

I certify that I am the person named in the foregoing application and that all information therein contained is true, complete and correct to the best of my knowledge and belief. I understand that incomplete or false statements may result in my disqualification for the position(s) applied for or immediate dismissal whenever discovered.

I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the Connecticut Department of Transportation.

Applicant's Signature: _____ Date Signed: _____