

**CHERRIOTS**

**APPLICATION SUPPLEMENT  
FOR  
APPLICANTS FOR SAFETY SENSITIVE POSITIONS**

**(Journey Mechanic, Service Worker, Service Technician, Transit Operator,  
Operations Supervisor, Vehicle Maintenance Supervisor)**

The positions listed above are considered positions that perform safety sensitive functions according to the Department of Transportation (DOT) regulations. If you are applying for one of these positions you must indicate whether or not you and your past employers were subject to the DOT Drug and alcohol Testing Regulations. This is a requirement under the DOT regulations 49 CFR part 40. **Failure to answer the questions truthfully and completely could result in termination of your employment, if you are hired by Cherrlots.**

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Have you ever tested positive, or refused to test, on any Department of Transportation (DOT) pre-employment drug or alcohol test administered by a DOT covered employer for which you did not get the job within the past two years? [ ] yes [ ] no

If yes, you must provide documentation that you have complied with the return-to-duty requirement of the DOT.

**LIST ALL EMPLOYERS YOU HAVE HAD DURING THE PAST TWO (2) YEARS WHO WERE SUBJECT TO THE DEPARTMENT OF TRANSPORTATION (DOT) DRUG AND ALCOHOL TESTING REGULATIONS:**

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Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor/  
Contact Person \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

\*\*\*\*\*

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor/  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

\*\*\*\*\*

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor/  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

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**If this is not enough space to provide this information, please attach additional sheets.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**