

# 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**