

**CONDITION OF EMPLOYMENT - CDL**

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS SELECTED FOR OR OCCUPYING POSITIONS THAT REQUIRE A COMMERCIAL DRIVER'S LICENSE (CDL).

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 5 US Code Section 3301 chapter 3; Executive Order 9397, November 22, 1943 (SSN).

**PRINCIPAL PURPOSE:** To determine your qualifications for Federal employment.

**ROUTINE USES:** Make requests about you from other sources, former employers or schools. To check violations of law or other lawful purposes in connection with hiring or retaining you on the job, or issuing you a security clearance. To courts when lawfully required by Congress, the office of Management and Budget, or the General Services Administration.

**DISCLOSURES:** Disclosure of your Social Security Number is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinder your chance for obtaining Federal employment.

**PART I - CDL REQUIREMENTS - To be completed by supervisor**

A. Please check the block annotating when the employee must have a CDL. If the employee is not required to have a CDL prior to entering on duty, annotate how many days that employee has to obtain a CDL.

- Prior to entering on duty.
- Within \_\_\_\_\_ days after entering on duty.

B. The nature of work performed by the position requires a CDL with the following class requirements and endorsements (annotate class and endorsements required):

Class \_\_\_\_\_

Endorsements \_\_\_\_\_

**PART II - EMPLOYEE ACKNOWLEDGEMENT**

Due to the nature of work performed by the position you have been selected for, a CDL is required for you to perform your duties. As a result, maintaining a CDL is now a condition of your employment. This also requires mandatory drug and alcohol testing. Should you lose your CDL, or fail to take and/or pass a drug and alcohol test, you may be subject to removal from your civilian position.

I do hereby understand and concur with the condition of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART III - EMPLOYEE SELF-CERTIFICATION OF CDL CLASS AND ENDORSEMENT. To be completed by employee.**

A. **CDL CLASS** - Please check the class(es) for which you have a valid CDL:

- Class A** - Any combination of vehicles with a gross weight rating of 26,001 or more pounds. In addition, any towed unit(s) must weigh more than 10,000 pounds.
- Class B** - A single vehicle with a gross weight rating of 26,001 or more pounds. In addition, any towed unit(s) must weigh less than 10,000
- Class C** - Any single vehicle, or combination of vehicles, that do not meet the definitions of classes A and B, but are designed to carry 16 or more passengers including the driver, or to transport hazardous materials.  
NOTE: You cannot drive this class of vehicle without the endorsement for passengers or hazardous materials.
- Class D** - All vehicles outside of the CDL classification system. NOTE: Certain endorsements may apply.

B. **CDL ENDORSEMENT** - Please check the endorsement(s) for which you have a valid CDL:

- N - Tank Vehicles
- H - Hazardous Materials
- P - Passengers
- Air - Air brakes

C. **CDL INFORMATION** - Please complete the following:

Commercial Driver's License Number: _____	State Issued: _____	Expiration Date (MDY) _____
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A false answer to any question on this form may be grounds for not employing you or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing this form and is subject to investigation.

I CERTIFY that all of the statements made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

PRINTED NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_