



CITY OF  
GRAND  
RAPIDS

## DOT WAIVER FORM

Position Applied For \_\_\_\_\_

### PART A

1. Please indicate whether you have performed a safety sensitive function (i.e. driver or mechanic) in the past two years. \_\_\_\_\_ YES \_\_\_\_\_ NO
2. If you responded "YES" in item #1 above, please provide the following information for each position held:

Job Title	Dates Held	Employer's Name and Address	Contact Person and Phone#

### PART B

The job for which you are applying is classified as a safety sensitive position subject to the Department of Transportation's (DOT) Random Drug and Alcohol Testing Program. Pursuant to regulations governing the program, the City of Grand Rapids (as a prospective employer) must obtain results about your prior participation in this mandated testing program with previous employers for the past two (2) years.

In order for the City to comply with this federal requirement, we need to obtain the above noted information on you. Your signature on the waiver below authorizes the release of this information. Failure to sign the waiver will be considered as submission of an incomplete application.

I HEREBY AUTHORIZE YOU AS MY PREVIOUS EMPLOYER TO RELEASE THE FOLLOWING INFORMATION TO THE CITY OF GRAND RAPIDS FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY 49 CFR PART 382.413 OF THE FEDERAL HIGHWAY ADMINISTRATION REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM RELEASING SUCH INFORMATION.

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE