



TOWN OF SAUGERTIES

Highway Department

(Mailing) 4 High Street

(Location) 25 Churchland Road

Saugerties, New York 12477

Tel: (845) 246-2400

Fax: (845) 247-0013



Raymond Mayone
Superintendent of Highways

Stephen Gakenheimer
Deputy Superintendent of
Highways

December 20, 2023

ONE JOB OPENING IS AVAILABLE FOR THE FOLLOWING POSITION:

FULL TIME MOTOR EQUIPMENT OPERATOR

THE RATE OF PAY IS \$27.67 PER HOUR, MON-FRI, 7-3 PM. THE 2024 PAY RATE WILL BE \$28.78. THE APPLICANT MUST MEET THE REQUIREMENTS OF THE POSITION AS OUTLINED IN THE CIVIL SERVICE JOB DESCRIPTION (SEE NEXT PAGE).

ADDITIONAL REQUIREMENTS AS PER THE HIGHWAY SUPERINTENDENT:

- APPLICANTS MUST POSSESS A “CLASS B” COMMERCIAL DRIVER'S LICENSE ISSUED BY THE NYS DEPT. OF TRANSPORTATION AT THE TIME OF APPOINTMENT.
- APPLICANTS MUST BE ABLE TO DRIVE MANUAL TRANSMISSION DIESEL TRUCKS (NO LICENSE RESTRICTION FOR THIS ACCEPTED)
- APPLICANTS MUST BE AVAILABLE FOR OVERTIME CALL OUTS.
- FULL TIME TOWN OF SAUGERTIES EMPLOYEES ARE OFFERED PAID HOLIDAYS, PAID VACATION/PERSONAL TIME/SICK TIME, LONGEVITY PAY, NYS RETIREMENT AND HEALTH INSURANCE.

INTERESTED PARTIES CAN FIND THE JOB APPLICATION AND FURTHER REQUIREMENTS HERE:

<https://townsaugerties.digitaltowpath.org:10234/content/Generic/View/75>

OR PICK IT UP AT TOWN HALL: 4 HIGH STREET SAUGERTIES, NY AND ALSO AT THE HIGHWAY DEPT. 25 CHURCHLAND RD. SAUGERTIES, NY. APPLICATIONS CAN BE TURNED IN AT TOWN HALL OR THE HIGHWAY DEPARTMENT.

As Per:

Raymond Mayone
Superintendent of Highways

III. MOTOR EQUIPMENT OPERATOR

General Statement of Duties:

Operates one or more types of automotive equipment and performs a variety of manual tasks in connection with such operation; does related work as required.

Distinguishing Features of the Class:

This is recurring manual work involving responsibility for the safe and efficient operation and care of moderately complex motor equipment in the performance of assigned tasks. An employee in this class is required to perform recurring manual duties related to the operation of equipment, and the work is performed under general supervision.

Examples of Work (Illustrative Only):

Operates Compressor;
Operates a truck in connection with the removal of snow, refuse, and in the transportation of stone, fill, gravel, and supplies;
Operates a tractor or truck with snow plow or other attachments;
Performs manual labor in connection with this classification;
May supervise a small group of laborers as specific task require.

Required Knowledge, Skills and Abilities:

Good knowledge of the operation of tractors, trucks and other automotive equipment; good knowledge of the geography of the area; ability to understand and follow simply oral and written directions; mechanical aptitude; a willingness to respond to emergencies and to work outside under adverse weather conditions; dependability; good physical condition.

Acceptable Training and Experience:

One year experience in the operation of automotive equipment

Special Requirements for Acceptance of Applications:

Eligible for an appropriate New York State Chauffeur's License. Possession required at time of appointment.



County of Ulster

Application for Examination or Employment

Leave this space blank.
Date Received: _____

Title of Exam or Position for which you are applying:

Exam # (if applicable): _____

Leave this space blank.

Approved: _____
Disapproved: _____
Conditional: _____

INSTRUCTIONS AND INFORMATION

COMPLETING THIS APPLICATION - This application is part of your examination. Answer all questions fully and carefully. Print in ink. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

ANNOUNCEMENT OF EXAMINATION - Carefully read the examination announcement before filling out your application.

ADMISSION TO EXAMINATION - Contact the Ulster County Personnel Department immediately if you do not receive notice within three days of the examination informing you whether or not you are to be admitted to the examination.

FILING FEE - There is a non-refundable filing fee for the examination for which you are applying. Please refer to the examination announcement. The non-refundable filing fee may be waived as described on the examination announcement.

MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building, 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone: (845) 340-3550.

Name: _____ **SS#** _____ - _____ - _____
Last First MI Suffix

Please state any other name(s) previously used in education or employment: _____

Mailing Address:

Street or P.O. Box (if P.O. Box, fill in Residence Address below) City State ZIP

Physical Address:

Street (if P.O. Box or different than Mailing Address) City State ZIP

Primary Phone: _____ **Secondary Phone:** _____

Email Address: _____

State your current permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.	Length of Residency (Yrs./Mos.)
School District	
Town	
Village	
County	
State	

Are you 18 years of age? Yes No If you are under 18, you will need to provide current working papers.

If the position for which you are applying has minimum/maximum age limits (per announcement,) please enter your birth date:
 _____ (MM/DD /YYYY)

Do you possess certification as an exempt volunteer firefighter? Yes No

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district) please state location(s) and date(s) of employment:

The County of Ulster is an Equal Opportunity Employer

1. Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes?
 Yes No

If "No", omit questions 2 through 5.

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes No

NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

A. December 7, 1941 to December 31, 1946

B. June 27, 1950 to January 31, 1955

C. December 22, 1961 to May 7, 1975

D. August 2, 1990 to "date to be determined"

E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

Yes No

Did you receive an expeditionary medal for any of the following conflicts?

F. Lebanon - June 1, 1983 to December 1, 1987

G. Grenada - October 23, 1983 to November 21, 1983

H. Panama - December 20, 1989 to January 31, 1990

Yes No

I. I am currently on active duty (for other than training purposes).

Yes No

4. Since January 1, 1951, have you ever used additional credits as a veteran for **appointment** to any position in the public employment of New York State or any of its civil divisions?

Yes No

5. Are you: A non - disabled war veteran _____

A disabled war veteran _____

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.

6. Do you have a valid license to operate a motor vehicle in New York State? _____ Yes - Class _____ No

7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

A. _____ Sabbath Observer and cannot be tested on Saturdays for religious reasons.

B. _____ Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

8. EXAMINATIONS IN OTHER JURISDICTIONS - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes No If not, what grade did you complete? _____

Name of school/issuing agency _____

Address: _____

Equivalency diploma #: _____

For College, University, Professional, Technical and other schools or special courses, please provide copies of transcripts.

Name of school and its location	Dates of Attendance From: / / To: / / (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	__/ __ To / __							
	__/ __ To / __							
	__/ __ To / __							
	__/ __ To / __							

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 3

10. DESCRIPTION OF EXPERIENCE: In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the examination announcement). If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 "x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT PT Volunteer
DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.				

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT PT Volunteer

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT PT Volunteer

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT PT Volunteer

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 4

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) or position(s) for which you are applying, complete the following. If not currently licensed check this box <input type="checkbox"/>			
Name of trade or profession	License Number	Granted by (Licensing Agency)	
City or State	Specialty	Date License First Issued	Registered (Mo/Yr) From: ___/___/___ To: ___/___/___
12. REMARKS:			

13. AFFIRMATION AND AUTHORIZATION TO RELEASE

I affirm that the statements made on this application and any attached papers or documents are true under the penalties of perjury.

I hereby authorize the Ulster County Personnel Department, or any person acting on their behalf, to investigate and receive information about me related to the verification of my qualifications and eligibility for the examination or the position for which I am applying. Further, I authorize any person who receives a request to disclose information related to this application, to release any or all information about me to which such person may have access. I specifically authorize such disclosures and agree to hold harmless all corporations, agents or persons who request or release such information.

Special Requirement for Appointment to Ulster County Positions:

Following the interview process, a prospective Employee will undergo required Criminal Background Checks and Fingerprinting after signing a Criminal Background Investigation Release Form. In accordance with Ulster County Legislative Local Law 14 of 2007 (codified as Article1, Section 98 of the Ulster County Code) or by any other applicable State and Federal Statutes, candidates for prospective employment to all Ulster County positions must obtain fitness for appointment by review and consideration by the County based on the New York State Division of Criminal Justice Services or other mandated State and Federal regulatory authority. The County shall not be precluded from withdrawing conditional offers of employment for any lawful reason, including the determination that the candidate has a conviction that bears a direct relationship to the duties and responsibilities for the position sought, or that the hiring of said candidate would pose an unreasonable risk to property or to the safety of individuals or the general public.

Check here to indicate that you do not wish your present employer to be contacted at this time.

SIGNATURE _____ DATE _____

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, marital status, or disability. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, or marital status in connection with employment in the municipal service of Ulster County. It is the policy of Ulster County to provide equal opportunity to all employees and applicants for employment without regard to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status or any other protected status.



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Pre-Employment General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, (Print name)

hereby provide consent to the Town of Saugerties to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (hereinafter referred to as Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is only for pre-employment screening purposes. I understand that should I be hired by the Town of Saugerties, this query will be run on an annual basis and I agree to sign an additional form for such annual queries.

I understand that if the limited query conducted by the Town of Saugerties indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose details of that information to the Town of Saugerties without first obtaining an electronic consent from me in response the Town of Saugerties's request for a full query.

I further understand that if I refuse to provide consent for the Town of Saugerties to conduct either a limited query or a full query of the Clearinghouse, the Town of Saugerties is not obligated to hire me for employment as I would be prohibited from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Signature

Date



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

DRUG & ALCOHOL CLEARINGHOUSE

Coming
January 6, 2020

FOR CDL DRIVERS

- ✓ Record
- ✓ Consent
- ✓ Query
- ✓ Safety



What is the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse?

A secure, online database that will give employers and other authorized users real-time information about commercial driver's license (CDL) and commercial learner's permit (CLP) holders' drug and alcohol program violations, thus improving safety on our Nation's roadways.

Which drivers are covered by the Clearinghouse?

Any driver who holds a CDL (CDL driver) and meets the requirements of the CDL standards (49 CFR Part 383), and the FMCSA Drug and Alcohol Testing Program (Part 382). References to CDL drivers also includes CLP drivers.



FALL 2019

Registration Opens

- Create your user account
- Visit the Clearinghouse Learning Center



JANUARY 6, 2020

Implementation Date

- Mandatory reporting begins



How will CDL drivers use the Clearinghouse?

Beginning January 6, 2020, registered CDL drivers can use the Clearinghouse to:

- **Provide electronic consent** to release detailed drug and/or alcohol violation information in your Clearinghouse record to a current or prospective employer (when an employer conducts a full query).
- **Review** your own Clearinghouse record and initiate the process to revise or remove incorrectly entered information.
- **Identify a substance abuse professional (SAP)** to report on RTD activities, if you have an unresolved drug and alcohol program violation in your Clearinghouse record.

Questions?

Email clearinghouse@dot.gov

Why register this fall?

Beginning January 6, 2020, employers of CDL drivers must query the Clearinghouse to verify that a current or prospective driver is not prohibited from operating CMVs or performing other safety-sensitive functions due to an unresolved drug and alcohol program violation.

Register early to to ensure you are ready on January 6, 2020.

While Clearinghouse registration is not required for all drivers, you will need to be registered to view your own Clearinghouse record electronically, or to provide electronic consent for a current or prospective employer to conduct a full query (including a pre-employment query) in the Clearinghouse. Failing to consent to a query will result in a driver being prohibited from performing safety-sensitive functions for the employer conducting the query.



**DRUG & ALCOHOL
CLEARINGHOUSE**

<https://clearinghouse.fmcsa.dot.gov>



Responding To Consent Requests

What is a consent request?

A consent request is how an employer asks for a CDL driver's permission to view his or her information in the Drug and Alcohol Clearinghouse. This would include access to information regarding any drug and alcohol program violations in your record.



Per 49 C.F.R. § 382.703(a), no employer may query the Drug and Alcohol Clearinghouse to determine whether a record exists for any particular driver without first obtaining that driver's written or electronic consent.

How do employers request consent?

How an employer requests your consent depends on the type of query the employer is conducting.

- **For a limited query**, general consent is provided outside the Clearinghouse. This consent covers a period of time and the frequency of the limited query, which is specified in the employer's request form. You can view [a sample limited consent request form here](#).
- **For a full query**, specific consent is provided electronically in the Clearinghouse. This includes all pre-employment queries. See page 2 for details on this process.

For more information on the difference between limited and full queries, see the [Queries and Consent Requests Factsheet](#). You can also review the [frequently asked questions](#).

How will I receive a consent request?

CDL drivers will receive notification from FMCSA about employer requests for consent to full queries.

If you are registered for the Clearinghouse, the consent request notification will be sent via the method you selected as your preferred contact method, either email or U.S. Mail.

If you have not yet registered for the Clearinghouse, the consent request notification will be sent as a letter via U.S. Mail to the address of record associated with your commercial driver's license (CDL).

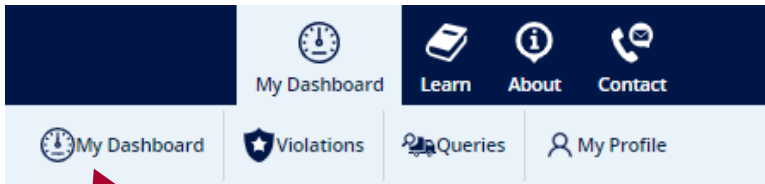
Note: Consent requests are time-sensitive. If you have selected U.S. Mail, or if you have not yet registered in the Clearinghouse, this may result in delays in receiving these notifications, which may impact your eligibility to perform safety-sensitive functions, including operating a commercial motor vehicle (CMV).



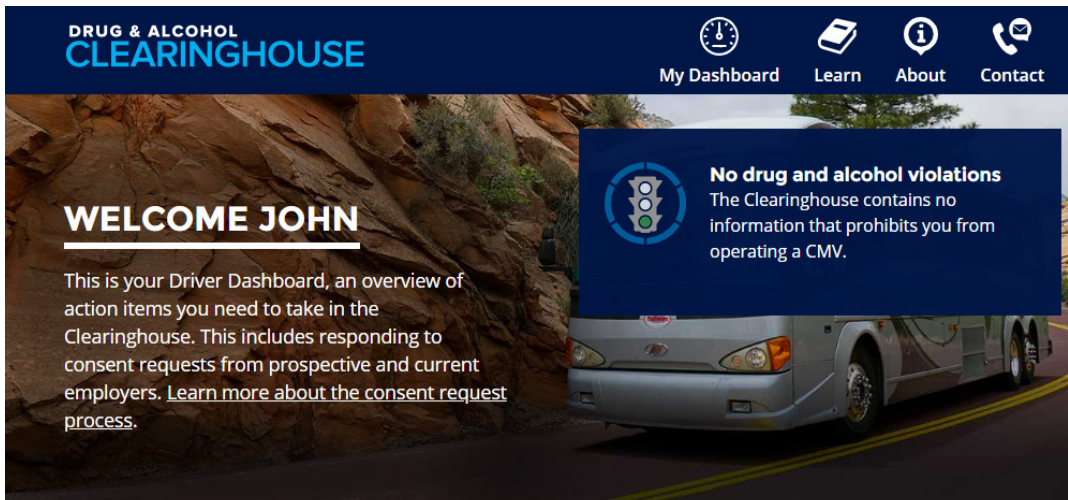
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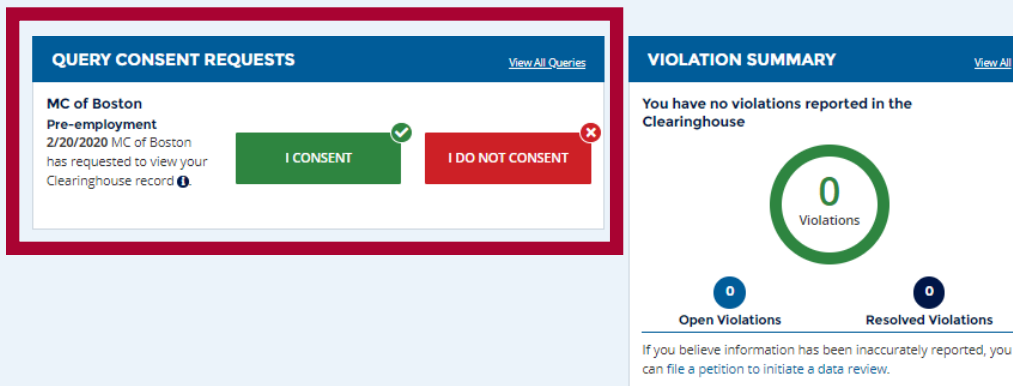
- 1 Visit <https://clearinghouse.fmcsa.dot.gov/> and log in to the Clearinghouse. If you have not yet registered for the Clearinghouse, click **Register** to [create your Clearinghouse account](#).
- 2 Upon logging in, you will see your Driver Dashboard. (If you don't see it, click **My Dashboard**.)



- 3 Locate the box labeled **Query Consent Requests**. From this screen, you can either click **I consent** to provide your consent, or click **I do not consent** to refuse your consent.



Note: For pre-employment queries, such as in the example at left, employers will be notified if there is an update to your driver record within 30 days of the original query. The employer would need to send you a new consent request to view this updated information.





4 Depending on your selection, you will be prompted to either confirm your consent, or confirm that you are refusing your consent. Be sure to read this information carefully, as your selection may impact your eligibility to operate a commercial motor vehicle for the employer requesting your consent.

✔
I CONSENT

Confirm your consent for your employer to receive specific drug and alcohol violation information about you.

In accordance with 49 C.F.R. § 382.701(b), MC of Boston has requested access to any drug or alcohol violation information that exists about you in the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse). Your specific consent is required by 49 C.F.R. §§ 382.703(b), 40.321, and 10.35(a), in order for FMCSA to disclose to MC of Boston drug or alcohol violation information, as required by Federal regulations. [Learn more](#)

By confirming your specific consent below, you are authorizing FMCSA to disclose to MC of Boston any drug or violation information about you that exists in the Clearinghouse, as of 12/26/2019.

In accordance with 49 C.F.R. § 382.703(e), your consent below further authorizes FMCSA to notify MC of Boston if any additional drug or alcohol violation information about you is reported to the Clearinghouse within 30 days after MC of Boston's pre-employment query. MC of Boston must first obtain specific consent from you before FMCSA can disclose the additional violation information.

[View your driver record](#)

Do you recognize this employer?

If you receive a consent request from an employer for which you are not currently employed, or for which you are not currently applying for a position, you can report this to FMCSA using the National

Do you consent to FMCSA releasing this information to MC of Boston?

YES
Disclose any information that exists about me in the Clearinghouse

NO
Do not disclose any information that exists about me in the Clearinghouse

Submit
Cancel

✘
I DO NOT CONSENT

You are refusing to provide your specific consent.

Failure to provide the specific consent requested by MC of Boston means that FMCSA will not disclose to MC of Boston any drug or alcohol violation information about you that exists in the Clearinghouse.

As a result of your refusal to provide specific consent, MC of Boston is prohibited from allowing you to perform safety-sensitive functions, such as driving a commercial motor vehicle, in accordance with 49 C.F.R. § 382.703(c).

Do you consent to FMCSA releasing this information to MC of Boston?

YES
Disclose any information that exists about me in the Clearinghouse

NO
Do not disclose any information that exists about me in the Clearinghouse

Submit
Cancel

What will happen if I provide or refuse my consent for a full query?

Consult this table and find the information related to your situation.

	 If you have no drug and alcohol program violation(s) in your Clearinghouse record	 If you have drug and alcohol program violation(s) in your Clearinghouse record
<div style="background-color: #4CAF50; color: white; padding: 10px; border-radius: 5px; display: inline-block;"> ✔ I CONSENT </div>	<p>The employer will be informed that you are not prohibited from performing safety-sensitive functions such as operating a CMV.</p>	<p>Your violation information, including return-to-duty status, will be disclosed to the employer. You will receive a confirmation of this disclosure.</p>
<div style="background-color: #f44336; color: white; padding: 10px; border-radius: 5px; display: inline-block;"> ✘ I DO NOT CONSENT </div>	<p>FMCSA will not disclose any information to the employer. As a result of your refusal to provide specific consent, the employer will be informed that you are prohibited from performing safety-sensitive functions, such as operating a CMV.</p>	



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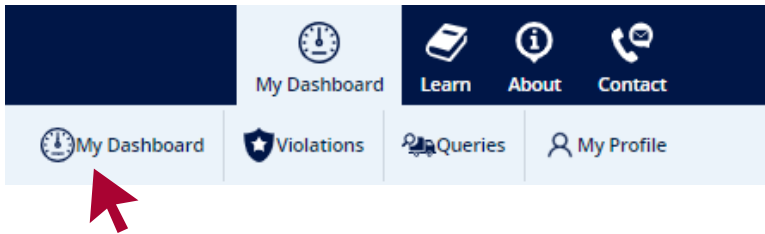
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DRUG & ALCOHOL CLEARINGHOUSE

My Dashboard Learn About Contact

WELCOME JOHN

This is your Driver Dashboard, an overview of action items you need to take in the Clearinghouse. This includes responding to consent requests from prospective and current employers. [Learn more about the consent request process.](#)

No drug and alcohol violations
The Clearinghouse contains no information that prohibits you from operating a CMV.

QUERY CONSENT REQUESTS [View All Queries](#)

MC of Boston
Pre-employment
2/20/2020 MC of Boston has requested to view your Clearinghouse record ⓘ

I CONSENT I DO NOT CONSENT

VIOLATION SUMMARY [View All](#)

You have no violations reported in the Clearinghouse

0 Violations

0 Open Violations 0 Resolved Violations

If you believe information has been inaccurately reported, you can file a petition to initiate a data review.

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Consult this table and find the information related to your situation.

	 If you have no drug and alcohol program violation(s) in your Clearinghouse record	 If you have drug and alcohol program violation(s) in your Clearinghouse record
<div style="background-color: #4CAF50; color: white; padding: 10px; border-radius: 5px; display: inline-block;"> ✔ I CONSENT </div>	<p>The employer will be informed that you are not prohibited from performing safety-sensitive functions such as operating a CMV.</p>	<p>Your violation information, including return-to-duty status, will be disclosed to the employer. You will receive a confirmation of this disclosure.</p>
<div style="background-color: #f44336; color: white; padding: 10px; border-radius: 5px; display: inline-block;"> ✘ I DO NOT CONSENT </div>	<p>FMCSA will not disclose any information to the employer. As a result of your refusal to provide specific consent, the employer will be informed that you are prohibited from performing safety-sensitive functions, such as operating a CMV.</p>	