

APPLICATION FOR CITY DRIVER PERMIT

Operator's Full Name: _____

Department Name and No: _____

Date of Application: _____

Work Telephone Number: _____

License Number: _____

Class of License: _____

Restrictions: _____

Employee ID # or Last 4 digits of Social Security No: _____

Date of Birth: _____

Any Arrests or conviction for DUI/DWI or Reckless Driving?

___Yes ___No If yes, please give details in the space below.

MEDICAL HISTORY QUESTIONNAIRE

YES	NO	
		Any Disease or injury in the past 5 years?
		Head/Brain injuries, disorders or illness
		Seizures, Epilepsy
		Eye Disorders or Impaired vision (except for Corrective lenses)
		Ear Disorders, Loss of hearing or balance
		Heart Disease or Heart Attack or other cardiac condition
		Heart surgery (valve replacement, bypass, angioplasty, pacemaker)
		High Blood Pressure
		Muscular Disease
		Shortness of Breath
		Lung disease, Emphysema, Asthma, Chronic Bronchitis
		Kidney Disease, Dialysis
		Liver Disease
		Digestive Problems

YES	NO	
		Diabetes or elevated blood sugar controlled by
		Diet_____
		Pills_____
		Insulin_____
		Nervous or Psychiatric Disorders i.e. Severe Depression
		Loss of or Altered Consciousness
		Fainting, Dizziness
		Sleep Disorders, pause in breathing while asleep, Daytime Sleepiness
		Loud Snoring
		Stroke and/or Paralysis
		Missing or Impaired hand, arm, leg, foot, finger, toe
		Spinal injury or disease
		Chronic Low Back Pain
		Regular, frequent alcohol use
		Narcotic or Habit Forming Drug Use

FOR ANY "YES" ANSWERS TO THE ABOVE QUESTIONS, PLEASE GIVE A FULL EXPLANATION ALONG WITH THE NAME AND ADDRESS OF TREATING PHYSICIAN, MEDICATION TAKEN- BOTH PRESCRIPTION AND OVER THE COUNTER.

I certify that my answers above are full and true, to the best of my knowledge, and I understand that a false statement concerning my driving record or fitness for driving may be grounds for cancellation of city permit and/or dismissal from city employment. I understand that the City of Montgomery will review my Motor Vehicle Record initially to determine if I meet the qualifications for operating vehicles outlined in the City of Montgomery Motor Vehicle Operations Policy and annually thereafter to ensure continued compliance with these same qualifications. I give my consent for the City of Montgomery to review my Motor Vehicle Records. I have been briefed by the Risk Management/Safety Personnel on my responsibilities concerning the City of Montgomery Motor Vehicle Operations Policy.

Employee Signature: _____ Date: _____

Risk Management/Safety Personnel Signature: _____ Date _____

Safety Briefing

Please read the following and acknowledge understanding by signing and return to Stephanie Cosgrove, Safety/Claims Assistant at safety@montgomeryal.gov or send through handmail and retain a copy for the employee file.

1. Before entering vehicle, always inspect for damage. If new damage to the vehicle is discovered, inform your supervisor.
2. During any trip, if anything out of the ordinary should happen, (i.e. striking curb, hitting a mailbox, etc., when only your vehicle is involved) it may be considered to be an accident and you should contact your supervisor immediately, prior to leaving the area (leaving the scene). If you leave the area, it may be considered leaving the scene of an accident and subject you to criminal charges. Contact your supervisor immediately and advise them of your situation.
3. Accidents happen. If you are in an accident, call your supervisor, unless there are injuries, then call **911** prior to calling your supervisor.
4. Take pictures of the other vehicle's tag #, in case they do not stay until the police arrive.
5. Do not discuss the accident with anyone except the accident investigator. You can exchange your driver information with the other driver, if requested, prior to the police arriving.
6. After the police officer has completed his report at the scene, you will be required to take a post-accident drug and alcohol test as directed by your supervisor.
7. You may be required to appear before the Accident Review Board, which is held each month. You will be given a minimum of 2 weeks' notice prior to the meeting and you may present any evidence or witnesses that you have. At the Accident Review Board the facts of the accident will be reviewed and you will be asked to explain what happened. If the Board determines that you could have prevented the accident, then you are subject to progressive discipline process.
8. Your city accident history for the previous five years will be reviewed and the disciplinary action that you will receive generally increases as your preventable accident count increases. Discipline may include verbal warning, letter of counseling/reprimand, time off without pay and you could be required to reimburse a portion of the accident costs up to the total cost of the accident.
9. Under extreme circumstances, the Board can recommend extended time off without pay, loss or revocation of City driving privileges or termination of employment. In those cases, the employee has due process to appeal rights, which will be explained to them. You may also refer to the Employee Handbook for further information.

_____ Employee Name (Please print)

_____ Employee Signature

_____ Supervisor Signature

_____ Date Signed _____ Department

City of Montgomery Backing Policy
Section 1.09 City of Montgomery Vehicle Operations Policy
Relating to Large Trucks (1 ton and up)

- 1.09 City Wide Backing Policy: These procedures apply to large trucks (1 ton and up) all buses, and vans. **Any employee determined to be in violation of this backing policy will be automatically suspended for three days.**
- A. If the vehicle operator is alone and does not have any other City employees in the area to act as a spotter, he/she is **required** to exit the vehicle and perform a walk around inspection prior to attempting to back.
Backing should not be attempted if any object, person, etc., is in the backing path. By walking around the vehicle the driver is able to assure himself that he (she) has sufficient rear clearances to safely back the vehicle. It is important to re-enter the vehicle and begin backing as soon as the walk around is accomplished. By backing immediately after the inspection, the driver can safely back the vehicle before the situation changes and his/her rear clearance is compromised by other vehicle and/or pedestrians.
- B. If there are two employees available, either riding in the vehicle or at the work site, they will both act as spotters for the driver while backing up. Both spotters will exit the vehicle and take a position at the **rear of the vehicle, on the ground, where they can be seen by the driver.** Their responsibilities include checking the rearward path for proper clearance, looking for pedestrians, and other vehicles. They will then use hand signals to guide the driver safely through the backing operation. **Backing should not be attempted if any object, person, etc. is in the backing path.** The driver will not back his/her vehicle until such time as the spotter has positioned himself to the rear of the vehicle and gives the driver the signal to begin backing. **The driver will stop immediately if the spotter so signals. The driver must also stop immediately, if for any reason one of the spotters disappears from sight. The driver will not resume movement of the vehicle until: the spotter has reappeared and resumes movement signaling.**
- C. If there is only one employee available in the vehicle or at the worksite they will follow the same procedures as listed above with the one spotter. Extreme caution must be taken as there is now only one set of “eyes” available. It may be necessary for the spotter to signal the driver to stop so the he can change positions to insure safe backing clearances.

D. The driver is responsible for the safe operation of the vehicle and as such shall direct an employee(s), if available, to act as a spotter. Any driver who if found in violation of this policy will be subject to the Progressive Disciplinary Policy. In addition, any employee who refuses to act as spotter or carry out those duties will be subject to the Progressive Discipline Policy.

Signature _____

Print Name _____

Date Signed _____

Witness Signature _____

Date Signed _____