

**City of Parma**  
**DRIVER CONSENT FORM**

To be included in the application for all prospective new employees required to obtain a Commercial Driver's License as an essential function of the job.

---

Applicant's name

\_\_\_\_\_

First                      Middle                      Last

Ohio CDL Number

\_\_\_\_\_

Position applied for:

\_\_\_\_\_

I understand that as a condition of employment, and pursuant to the Federal Motor Carrier Safety Regulations, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the City's auto liability insurer. I understand that I must provide, with my application, proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing City minimum requirements.

I further agree that, pursuant to Section 382.413, the City of Parma may obtain information on any previous alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and any refusals to be tested within the preceding two years that are maintained by my previous employer.

I further agree that the City of Parma as my employer may check my driving record at any time. I agree to report to my supervisor any accidents, arrests, suspensions, or cancellations of personal insurance as soon as possible after they occur and prior to driving any vehicle on behalf of the city.

I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

\_\_\_\_\_

Applicant

\_\_\_\_\_

date