

DRIVER ADDENDUM QUALIFICATIONS

This must be completed in addition to the Employment Application if applying for a Driver Position.

Drivers will need to meet DOT/DOE requirements.

PLEASE PRINT

Name _____
Last, First, Middle

Date of Birth _____ Social Security Number _____
The US Department of Transportation requires that driver applicants state their date of birth and Social Security Number, Section 391.21 (b)(2).

Driver License: _____
Issuing State License Number Type/Endorsements Expiration Date

DRIVING EXPERIENCE

Type of Equipment Date From: Date To: Approx # of Miles (total)

Type of Equipment Date From: Date To: Approx # of Miles (total)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Date of Most Recent Accident Nature of Accident (head-on, rear-end, upset, etc) Fatalities Injuries

Date of Next Previous Accident Nature of Accident (head-on, rear-end, upset, etc) Fatalities Injuries

Date of Next Previous Accident Nature of Accident (head-on, rear-end, upset, etc) Fatalities Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (Other than parking violations)

Location Date Charge Penalty

Location Date Charge Penalty

Location Date Charge Penalty

(OVER)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes, explain: _____

Has any license, permit or privilege ever been suspended or revoked? Yes No
If yes, explain: _____

Have you attended any training classes? Yes No
If yes, explain: _____

Are the following current? Please attach all copies.

(1) Traffic Abstract:	(2) Medical Certificate:	(3) TB Test:
Yes No	Yes No	Yes No

This certifies that I have completed this application and that all statements made are true and complete to the best of my knowledge and acknowledge that any misrepresentation or omission is sufficient grounds for discharge. I also authorize any investigation of the above information for purposes of verification.

Date of Application

Signature of Applicant

PERSONNEL DEPARTMENT USE

Date of Interview: _____ Time of Interview: _____ Interviewed by: _____

Comments: _____

