

**APPLICANTS FOR POSITIONS TO DRIVE A COMMERCIAL MOTOR VEHICLE ONLY**

All applicants for positions requiring the operation of a Commercial Motor Vehicle must complete the following information. A 'Commercial Motor Vehicle' includes vehicles with a gross vehicle weight rating (GVWR) of more than 26,000 pounds; drivers of vehicles designed to transport sixteen (16) or more passengers, including the driver; and drivers of vehicles used to transport hazardous materials, regardless of whether the vehicles operate interstate or intrastate.

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- 2) Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If the answer to questions (1) or (2) is 'yes', please provide details:

\_\_\_\_\_

List states operated in for last five years: \_\_\_\_\_

**DRIVING EXPERIENCE – IF NONE, WRITE 'NONE'**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, ETC.)	DATES OPERATED		APPROX. # OF MILES DRIVEN	RADIUS OF USE IN MILES		
		FROM	TO		0-75	76-300	Over 300
Straight Truck							
Tractor and/or Semi-Trailer							
Tractor – Two Trailers							
Motor coach and/or School Bus							
Other							

List any relevant courses or training completed as a driver: \_\_\_\_\_

List any trucking, transportation or other experience that you feel would support your application: \_\_\_\_\_

**ACCIDENT AND TRAFFIC CONVICTIONS RECORD**

LIST ALL ACCIDENTS FOR PAST 3 YEARS - IF NONE, WRITE 'NONE' (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	PREVENTABLE
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) – IF NONE, WRITE 'NONE' (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

**MEDICAL QUALIFICATION:**

Do you have a current Medical Certificate?  Yes  No Date of expiration of current Medical Certificate \_\_\_\_\_

Have you participated in a Random Drug/Alcohol-Use Testing program in the past 12 months?  Yes  No

## VERIFICATION OF DRIVER'S LICENSE

Any employee who drives or has a likelihood of driving a company vehicle or their own vehicle to conduct company business is required to maintain a valid driver's license free from major infractions at the time of hire and throughout employment. Therefore, on an annual basis or as determined by the company, a driver's license check with the Department of Motor Vehicles will be conducted. Employees driving on company-related business are required to report a suspension, loss of license, or any traffic violations or accidents to management immediately.

To be completed by Applicant/Employee	
Full Name: _____	
Address: _____	
Date of Birth: _____	Driver License #: _____
I authorize the company to review the status of my driver's license.	
_____ Employee Signature	_____ Date

<p>Result of record search:</p> <p><input type="checkbox"/> No known record</p> <p><input type="checkbox"/> No record on name as given, record below is driver with similar name:</p> <p>Name: _____</p> <p>Address: _____</p>
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Operator's license record shows:

Driver License #:	Date of Birth:	Expiration Date:
Restriction(s):		
Cancellations (Reason):		
Past Convictions, accidents, violations, warnings (state which and give date):		
License Revocations or Suspensions: (If any, give details) Date of revocations or suspension _____ Reason _____ Period of suspension _____ Date reinstated _____		