

Have you ever had any driver's license denied, revoked, or suspended? _____

If yes, explain: _____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Yes or No

If yes, have you successfully completed the return-to-duty process? Yes or No

If yes, provide documentation.

Driver's License Information: (all licenses held the past 3 years)

State	License Number	Type	Expiration Date

Driving Experience:

Class of Equipment	Type of Equipment	Start Date	End Date	Approx. # of Miles
Dump Truck				
End Dump				
Tractor/Trailer				
Other				

Driving Violations: (for the past 3 years) (attach sheet if more space is needed)

Location	Date	Charge	Penalty

Accident Record: (for the past 3 years) (attach sheet if more space is needed)

Dates	Nature of Accident	Fatalities	Injuries

Please attach a copy of your driving record with this application.

References:

Name: _____ Years Known: _____ Phone #: _____

Name: _____ Years Known: _____ Phone #: _____

Name: _____ Years Known: _____ Phone #: _____

Certification:

"This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge."

Applicant's Signature

Date Signed