

ONLY Applicants applying for a DRIVER'S POSITION should complete this page

Date of Birth: _____ (required by D.O.T.)

ACCIDENT REPORT (Record for the last three years, attach sheet if more space is needed.)

	DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES (Record for the last three years) Under the DOT regulations, all violations of motor vehicle laws or ordinances (other than parking violations) of which the driver-applicant was convicted must be included.

LOCATION	DATE	CHARGE	PENALTY

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES___ NO___
 B. Has any license, permit or privilege ever been suspended or revoked? YES___ NO___

If the answer to either A or B is YES, attach a statement giving details

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI - TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

EXPERIENCE

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.

Date: _____ Applicant's Signature: _____