

DRIVING SUPPLEMENT TO EMPLOYMENT APPLICATION

Driving Record

List all licenses currently held:

<u>State</u>	<u>Number</u>	<u>Type</u>	<u>Expiration Date</u>

List any license restrictions: _____

Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked, or suspended? Yes No

When: _____

Why: _____

Traffic Violation and Accident Record

List all traffic violations and/or accidents you have been involved in during the last three (3) years.

<u>Date</u>	<u>City and State</u>	<u>Nature of Accident/Violation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO BE READ AND SIGNED BY APPLICANT

I understand that my motor vehicle record may be verified. I certify 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. I understand that any misrepresentation on this application is reason for immediate dismissal.

Date

Applicant's Signature
