

ABILITY TO DRIVE SAFELY

Experience Statement Sheet for Motor Vehicle and Mobile Equipment Operators

Please fill in both pages of this form, You may have someone help you complete it if you wish.

A. General Information

1. Title of position applied for	2. Date
3. Name (First, middle, last)	4. Birth date (Month, day, year)
5. Address (Number and Street, or P.D. number, city, and ZIP Code)	

B. Driver's License Information

Driver's permit or licence number	State in which it was issued	Date it expires		
Restrictions listed in present license		Other states where you obtained license during the past 5 years		
Type of License <input type="checkbox"/> Regular Operator's License <input type="checkbox"/> Commercial Driver's License (CDL) Class _____ Endorsements _____	Your Social Security #			
	Color Hair	Color Eyes	Height	Weight

C. Traffic Violations. (Supply the information requested below for each time you were given a ticket or arrested for breaking a driving law during the past 5 years. Do not include any record where you were found not guilty. Also do not include parking tickets.) Be sure you list ALL Traffic Violations in the last 5 years. Use additional sheets of paper and attach them to this form if necessary.

1	Type of Violation	Mo./Yr.	While on Job?	City, County, State	License revoked or suspended	Fined or forfeited collateral?	Sentenced
			Yes [] No []		Yes [] No []	Yes [] No []	Yes [] No []
Details of action taken (Length of suspension, amount of fine, etc.)							
2	Type of Violation	Mo./Yr.	While on Job?	City, County, State	License revoked or suspended	Fined or forfeited collateral?	Sentenced
			Yes [] No []		Yes [] No []	Yes [] No []	Yes [] No []
Details of action taken (Length of suspension, amount of fine, etc.)							

Type of Violation	Mo./Yr.	While on job?	City, County, State	Licence revoked or suspended	Fined or forfeited collateral?	Sentenced
		Yes { }		Yes { }	Yes { }	
		No { }		No { }	No { }	

3. Details of action taken (Length of suspension, amount of fine, etc.)

D. Accident record. (Complete the information requested for each accident you have had during the past 5 years-weather your fault or not.) Be sure you list all accidents you have had in the last 5 years. Use additional sheets of paper and attach them to this form if necessary.

1.	Type of accident (Head-on collision, hit a tree, etc.)		Mo./Yr.	While on job?	City, County, State	
				Yes { }		
				No { }		
			Did you or your insurance company make payment to the other party?			
Amount of damage to your car \$ _____		Amount of damage to the other party's car \$ _____		If "Yes", give amount, \$ _____		
Was anyone killed? Yes { } No { }		Were you judged at fault? Yes { } No { }				
Describe charges placed against you, if any.		License revoked or suspended	Fined or forfeited collateral?	Sentenced?	Details of action taken (sentence, length of suspension, amount of fine, etc.)	
		Yes { }	Yes { }	Yes { }		
		No { }	No { }	No { }		

2.	Type of accident (Head-on collision, hit a tree, etc.)		Mo./Yr.	While on job?	City, County, State	
				Yes { }		
				No { }		
			Did you or your insurance company make payment to the other party?			
Amount of damage to your car \$ _____		Amount of damage to the other party's car \$ _____		If "Yes", give amount, \$ _____		
Was anyone killed? Yes { } No { }		Were you judged at fault? Yes { } No { }				
Describe charges placed against you, if any.		License revoked or suspended	Fined or forfeited collateral?	Sentenced?	Details of action taken (sentence, length of suspension, amount of fine, etc.)	
		Yes { }	Yes { }	Yes { }		
		No { }	No { }	No { }		

E. Record of Driver's License Suspensions or Revocations
If, in the last ten (10) years your driver's license has been suspended, reissuance refused, or revoked for ANY reason, complete the blocks below. BE SURE you list all instances. Use additional sheets of paper if necessary.

Date Suspended, Revoked, or Reissue Refused.	Reason	Date Reissued

F. Safety Awards

Have you ever received a safety award? Yes { } No { }	If yes give details, including date received

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant	Date