

EMPLOYEE DRIVER APPLICATION

Church or School Name _____

Applicant Name: _____
(First) (Middle) (Last)

Phone: _____
(Home) (Cell)

Address: _____
(Street Address) (City/State/Zip)

How long at this address? _____

Previous Address: _____

Driver Licenses

| LICENSE # | STATE | TYPE | EXPIRATION |
|-----------|-------|------|------------|
| | | | |
| | | | |
| | | | |

Driving Experience

| CLASS OF EQUIPMENT | EMPLOYER NAME | FROM | TO | APPROX. MILES |
|--------------------|---------------|------|----|---------------|
| | | | | |
| | | | | |
| | | | | |

Accident Record for past 3 years

| DATE | NATURE OF ACCIDENT | INJURIES/FATALITIES |
|------|--------------------|---------------------|
| | | |
| | | |
| | | |

Moving Violations for past 3 years

| LOCATION (City & State) | DATE | CHARGE | PENALTY |
|-------------------------|------|--------|---------|
| | | | |
| | | | |
| | | | |

Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment test in the past two years?

Yes _____ No _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

Has any license, permit, or privilege ever been suspended, revoked or forfeited?

Yes _____ No _____ Date _____

EMPLOYMENT HISTORY

| |
|---|
| Last Employer: Company: _____ Supervisor: _____ |
| Address: _____ Phone: _____ |
| Position held: _____ From: _____ To: _____ Salary: _____ |
| Reasons for leaving: _____ |
| Second Last Employer: Company: _____ Supervisor: _____ |
| Address: _____ Phone: _____ |
| Position held: _____ From: _____ To: _____ Salary: _____ |
| Reasons for leaving: _____ |
| Third Last Employer: Company: _____ Supervisor: _____ |
| Address: _____ Phone: _____ |
| Position held: _____ From: _____ To: _____ Salary: _____ |
| Reasons for leaving: _____ |

Special training related to transportation: _____

Safe driving awards and from whom: _____

PHYSICAL HISTORY

| |
|---|
| List any physical limitations (i.e. eyesight, limb impairment, diabetes, hearing) _____ |
| _____ |
| Use corrective lenses? YES___ NO___ Use hearing aid? YES___ NO___ |
| Date of last physical examination: _____ |
| Doctor's name and address: _____ |
| _____ |

To Be Read and Sign by Applicant

It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. This certifies that this application was completed by me, and that all entries are complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____