



### Fleet Employment Application Driving Position Supplement

<b>Applicant Name:</b>				<b>Date:</b>	
<b>Present Street Address:</b>				<b>Social Security:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>How Long?</b>	<b>Telephone Number:</b>	
<b>Previous Street Address if less than three years at present address:</b>					
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>How Long?</b>	<b>License Restrictions:</b>	
				<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>If YES, List Restrictions:</b>					

Driver Licenses (List all licenses in the spaces below)		
State	License Number	Expiration Date

Traffic Violation Record (List all Traffic Convictions & Forfeitures in the past 3 years except Parking Violations)				
Location	Date	Court	Charge	Penalty

<b>Has your License or Permit to Operate a Motor Vehicle ever been suspended or revoked?</b>				<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>If YES,</b>	<b>When</b>	<b>Where</b>	<b>Why</b>		

Accident Record (List all accidents in which you have been involved in the past 3 years)		
Date	Location	Description

**Driver's Signature**

**Date**