

# Employee Drivers Form

Name \_\_\_\_\_  
(First) (Middle) (Last)

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

**Driver Licenses**

State	License No	Type	Expiration Date

**Accident Record For Past 3 Years. (Attach Sheet if More Space Is Needed)**

Dates	Nature of Accident (head-on, rear-end, etc.)	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
Next Previous _____			

**Traffic Convictions And Forfeitures For The Past 3 Years (Other Than Parking Violations)**

Location (City & State)	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 \_\_\_\_\_

**Physical History**

List Any Physical Limitations (Such as Eyesight, Limb Impairment, Diabetes, Hearing) \_\_\_\_\_

Use Corrective Lenses? \_\_\_\_\_ Use Hearing Aid? \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_ Doctor's Name and Address \_\_\_\_\_

**TO BE READ AND SIGNED BY EMPLOYEE**

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty.

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

\_\_\_\_\_  
Signature