

Please fill in both sides 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
2. Name (first, middle, last)	4. Birth date (Month, day, year)
1. Address (Number and street, or RD number, city, State, and ZIP Code)	

B. 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.)

1	Type of violation	Mo/Yr.	While on job?	City, County, State	License revoked or suspended?	Fined or forfeited collateral?	Sentenced?
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of action taken (Length of suspension, amount of fine, etc.)							
3	Type of violation	Mo/Yr.	While on job?	City, County, State	License revoked or suspended?	Fined or forfeited collateral?	Sentenced?
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of action taken (Length of suspension, amount of fine, etc.)							

C. Driver's License Information

Driver's permit or license 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	

D. Accident Records. (Complete the information requested for each accident you have had during the past 5 years--- whether your fault or not.)

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

E. Safety Awards

Have you ever received a safety award? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details, including date received
Have you ever received a citation for safe driving or for being a safe worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details, including date received

If you had more than three traffic violations or two accidents within the last 5 years, provide the information requested in B and D above for each on additional sheets.

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
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