# 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