

Accident record for the past 3 years or more (attach sheet if more space is needed). If none, write none.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident:			
Next Previous:			
Next Previous:			

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

What is the highest grade level completed?

Elementary (1-8):

High School (1-4):

College (1-4):

Last school attended: \_\_\_\_\_  
(NAME) (CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS.**

**DRIVING EXPERIENCE: IF NONE, WRITE NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM (MO/YR)	TO (MO/YR)	APPROX. NO. OF MILES (TOTAL)
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motor Coach – School Bus				
Other:				

List states operated in for the last five years: \_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_