



Addendum to Employment Application for Positions Requiring CDL

Name _____
Last First Middle Initial

Social Security Number _____ Date of Birth (not discriminated against based on age) _____

ADDRESSES FOR PAST THREE YEARS

(How Long) _____
(How Long) _____
(How Long) _____

EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From/To		Approximate Number of Miles/Hours
Straight Truck				
Truck Tractor				
Semi-Trailer				
Material Handling Equipment				
Buses				
Fuel Trailers				
Pole Trailers				
Twin Trailers				
Other				

DRIVER'S LICENSES FOR THE PAST THREE YEARS

(All driver's licenses for the past three years must be shown)

License No.	State	Class	Endorsements	Restrictions	Expiration Date

Have you EVER been denied a license, permit, or privilege to operate a motor vehicle? Yes No
If yes, where? _____ When? _____

Is your license to drive suspended or revoked at this time, in any state? Yes No
If yes, where? _____ When? _____ Why? _____

Has any license, permit, or privilege to drive EVER been suspended or revoked? Yes No
If yes, where? _____ When? _____ Why? _____

Is your driving privilege limited in any way, such as probation, area of operation, limitations of hours, etc., at this time? Yes No
If yes, why? _____ When? _____

Are you familiar with D.O.T. Motor Carrier Safety Regulations?

Yes No

Do you agree to follow them?

Yes No

List all unexpired commercial drivers' licenses:

State: _____ Expiration Date: _____ License Number: _____

State: _____ Expiration Date: _____ License Number: _____

MOTOR VEHICLE ACCIDENT RECORD

(List accidents for the past three years)

Date	Where	Nature of Accident (Head-On, Rear-End, Etc.)	Number of Injuries	Fatalities	Type of Vehicle You Were Driving

MOTOR VEHICLE LAW OR ORDINANCE MOVING VIOLATIONS FROM PAST THREE YEARS

(It is not required to include violations involving only parking)

Date	Where	Charge	Penalty	Conviction?	Forfeit Bond or Collateral?

Will you take a breath/urine test for drug and alcohol or controlled substances?

Yes No

Have you EVER been convicted for use of alcohol?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? Yes No

If yes, what type? Personal Commercial

If yes, what charge? _____

Have you EVER been convicted for use or possession of drugs or controlled substances?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? Yes No

If yes, what type? Personal Commercial

If yes, what charge? _____

Conviction will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.