

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach Sheet if More Space is Needed) IF NO ACCIDENTS, WRITE NONE.

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, etc.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
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

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(Name) (City)

EMPLOYMENT RECORD

(Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown.

*****Please List Employment Beginning with Most Recent Employment.*****

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____

EMPLOYER: Name _____
 Address _____
 Position Held _____ From _____ to _____ Salary _____
 Reasons for Leaving _____
 Contact Person _____ Phone Number _____



EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

EMPLOYER: Name _____
Address _____
Position Held _____ From _____ to _____ Salary _____
Reasons for Leaving _____
Contact Person _____ Phone Number _____

TO BE READ AND SIGNED BY APPLICANT

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

_____ Applicant's Signature



MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish the motor carrier with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he or she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of or forfeited bond or collateral on account of any violation which must be listed, he or she shall so certify (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver: (Print) _____ SSN: _____ Employment Date: _____

Home Terminal _____ Driver's License No. _____ State _____ Expiration Date: _____
(City) (State)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

I HAVE HAD NO VIOLATIONS.

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

Motor Carrier Instructions: Review the above listed Certification of Violations and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the driver named above in accordance with Section 391.25 and find that he or she: (check one)

- Meets minimum requirements for safe driving
 Does not adequately meet satisfactory safe driving performance
 Is disqualified to drive a motor vehicle pursuant to Section 391.15

Action taken with driver: _____

Reviewed by: _____
Signature Date
Printed Name Title

Company Name _____ Company Address _____