

Has your driver's license ever been suspended or revoked for any reason? YES ( ) NO ( )

If yes, please give date and reason \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a motor vehicle accident of any type within the last five 5 years?  
YES ( ) NO ( ) If yes, fill in the details concerning each accident. If additional space is needed use  
the back of this page.

DATE	LOCATION	DETAILS
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Traffic Violation Record**

List traffic citations you have received during the 5 years preceding the date of this application, and state the disposition of each, such as "dismissed", "paid fine", "Defensive driving," etc...

DATE	LOCATION	TYPE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have been convicted of driving while intoxicated or under the influence of drugs or alcohol,  
Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: If you are hired for a position which requires driving, you must keep us informed of any changes in your driving record.**