

TRANSPORTATION APPLICATION ADDENDUM

**PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE POSITION YOU ARE APPLYING FOR
REQUIRES DRIVING A MOTOR VEHICLE**

Date of last Department of Transportation prescribed physical examination: _____

Have you ever been granted a waiver under Section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? YES NO

Do you have a valid driver's license? YES NO Type of license(s) held:
If yes, Driver's License Number State of Issue Expiration

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES NO

Have you been convicted or pled guilty to any traffic-related offense within the past five years? YES NO
If yes, explain. _____

Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? YES NO
If yes, explain: _____

Please list all states from which you hold or have held a driver's license: _____

Which safe driving awards do you hold and from whom? _____

LIST ALL VALID VEHICLE-OPERATING LICENSES HELD THE PAST 3 YEARS.

Commercial License:

State Of Issue _____	Number _____	Type _____	Expire Date _____
State Of Issue _____	Number _____	Type _____	Expire Date _____

Driver's License:

State Of Issue _____	Number _____	Type _____	Expire Date _____
State Of Issue _____	Number _____	Type _____	Expire Date _____

C.D.L. Endorsements: Double/Triple Tank Vehicles Hazardous Materials
 School Bus Greater than 15 Passengers

Accident record for past three years or more (attach a sheet if more space is needed):

1. Date _____ Location _____
Nature of Accident _____
Fatalities/Injuries (explain) _____
2. Date _____ Location _____
Nature of Accident _____
Fatalities/Injuries (explain) _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Date	Location	Charge/Penalty	Type Of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Do you have full knowledge of the Federal Motor Carrier Safety Regulations?

YES NO

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

MAINTENANCE EXPERIENCE & QUALIFICATION

List courses and training in maintenance work.

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Rates (indicate tariffs with which you have worked)

I understand that the information provided in this application will be used for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations, and that prior employers will be contacted.

Also, I understand that I have the right to review, request correction or refute what a previous employer provided in the driver's safety history. The requested information will be provided to me within five business days after I give the request, in writing, to the employer, or within five days after the information is received from previous employer. In order to do that, I must:

- a) Provide a written request within 30 days after the date of hire or the date employment was denied.
- b) Pick up the requested information within 30 days of its availability.
- c) Contact the previous employer and either request the correction or submit a rebuttal if I contest the information.

Signature _____

Date _____

