Driver Questionnaire

Name: _____

Present Address: _____

In what state(s) are you licensed to drive? _____

1. Do you possess and current vehicle operator's license? Yes ___ No ___

2. Have you ever had an operator's license revoked or suspended? Yes ___ No ___

   If yes, explain. _____

3. List all moving violations and crashes you have had within the last 5 years. (If none, write NONE.) If more space is needed, write on the back of this form.

   a. _____

   b. _____

   c. _____

   d. _____

4. Have you ever received a citation for driving under the influence of drugs, alcohol or other controlled substances? Yes ____ No ____

If yes, explain each. _____

5. Have you been required to attend an alcohol offender's school, traffic offender's school or other traffic offenders class required by the courts in the last 10 years?

   If yes, explain. _____

I understand that all of the information provided on this form will be kept confidential, and certify that, to the best of my knowledge, the above information is correct. Any falsification may result is disciplinary action up to and including termination.

_____ _____

Signature of Applicant Date