



ADDENDUM FOR CDL and Non CDL DRIVERS POSITION

This is for applicants applying for a driver's position only.

Date of Birth : _____ (required by D.O.T)

Accident Report (Please list your records for the last three years, attach and submit additional information if space is needed.)

	Dates	Nature of Accident	Fatalities	Injuries
Incident 1				
Incident 2				
Incident 3				

Traffic Convictions and Forfeitures (Record for the last three years) Under D.O.T regulations, all violations of motor vehicle laws or ordinances (Other than parking violations) of which the driver applicant was convicted must be included

Location	Date	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___
 B. Has any license, permit or privileges ever been suspended or revoked? YES ___ NO ___

If the answer to either questions A or B is Yes, attach a statement giving details

Experience (List below experience in the class of equipment, along with years of experience.)

Class of Equipment	Type of Equipment	Dates		Approx. Number of Total Miles Driven
		From	To	
Straight Truck				
Tractor & Semi – Trailer				
Tractor & Doubles				
Other				

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** _____