## APPENDIX D-15 EMPLOYEE DRIVER APPLICATION

Church or School Name:			City:			
Applicant Name:	(First)	(Mic	ldle)	(Last)		
Social Security Number (last 4 digits):						<u> </u>
Current Address:						
(City)	How long at this address?(State) (Zip Code)					
Previous Address:						
Driver Licenses						
License #	State	Type			Ex	piration date
	State	1)10				praction date
<b>Driving Experience</b>						
Class of equipment	Employer name		From	То		Approx. miles
Accident Record for past 3 years						
Date	Nature of accident				Injuries/Fatalities	
Moving Violations for past 3 years						
Location (City & State)		ate	Charge		Penalty	
-						-
Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment test in the past two years?						
	Yes		No			
Have you ever been denied a license, permit or privilege to operate a motor vehicle?						
	Yes		No			
Has any license, permit, or privilege ever been suspended, revoked or forfeited?						
	Yes		No		Date	2

Note: To be filed in personnel file