

## Commercial Driver Application Supplement

Applicant's Name:	Address:	Phone Number:
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### Driver's Licenses and Addresses for the Past Three Years

Addresses		Driver's Licenses				
Address	Dates Resided	State	License #	Type	Endorsements	Exp. Date

### Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	From (date)	To (date)	Approximate number of miles driven

List states operated in during the last five years:
Which safe driving awards do you hold and from whom?

### Accident Record for the Past Three Years

Date	Nature of Accident	Fatalities	Injuries

### Traffic Convictions and Forfeitures for the Past Three Years (excluding parking)

Location	Date	Charge	Penalty
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has any license, permit or privilege ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:		If yes, explain:	

### To be Read and Signed by Applicant

It is understood and agreed that any misrepresentation by me in this application may be cause for cancellation of the application and/or for separation from the City's service if I have been employed.

I authorize and request any and all of my former employers and any other person to furnish City of Laurel and any agent acting on its behalf, any information they may have concerning information relevant to employment consideration. Moreover, I hereby release each such employer and each such other person from any and all liability of whatsoever nature by reason of furnishing such information to City of Laurel and any agent acting on its behalf.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment and drivers files.

This certifies that the Application Supplement was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

Date:	Applicant's signature
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