

EMPLOYEE DRIVER APPLICATION

Church or School Name: _____

Applicant Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () - () -
(Home) (Mobil)

PREVIOUS ADDRESS (IF YOU HAVE NOT LIVED AT CURRENT ADDRESS FOR 3 YEARS)

Previous Address: _____

City: _____ State: _____ ZIP: _____

DRIVER LICENSES

LICENSE #	STATE	TYPE	EXPIRATION

DRIVING EXPERIENCE (Only to be completed if driving a vehicle requiring a CDL)

CLASS OF EQUIPMENT	EMPLOYER NAME	FROM	TO	APPROX. MILES

ACCIDENT RECORD FOR PAST 5 YEARS

DATE	NATURE OF ACCIDENT	INJURIES/FATALITIES

MOVING VIOLATIONS FOR PAST 5 YEARS

LOCATION (CITY & STATE)	DATE	CHARGE	PENALTY

- | | Yes | No |
|---|-------|-------|
| 1. Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment test in the past two years? | _____ | _____ |
| 2. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | _____ | _____ |
| 3. Has any license, permit, or privilege ever been suspended, revoked or forfeited? If so please provide date:_____ | _____ | _____ |

EMPLOYMENT HISTORY

(LAST FIVE YEARS ONLY)

PREVIOUS EMPLOYER 1: Company:_____ Supervisor:_____		
Address:_____		Phone:_____
City:_____	State:_____	ZIP:_____
Position:_____	From:_____	TO:_____
PREVIOUS EMPLOYER 2: Company:_____ Supervisor:_____		
Address:_____		Phone:_____
City:_____	State:_____	ZIP:_____
Position:_____	From:_____	TO:_____

PHYSICAL HISTORY

(PROVIDE ONLY THOSE CONDITIONS THAT AFFECT OR RESTRICT DRIVING STATUS)

List any physical limitations (i.e. eyesight, limb impairment, diabetes, hearing)_____	

Use corrective lenses? Yes:_____ No:_____	Use Hearing Aid? Yes:_____ No:_____

Is Certificate of Completion for Catholic Mutual Be Smart – Drive Safe attached Yes:_____ No:_____

To Be Read and Signed by Applicant

It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. This certifies that this application was completed by me, and that all entries are complete to the best of my knowledge.

Applicant's Signature:_____ Date:_____