27583 Schoolcraft Rd., Livonia, MI 48150
(734) 466-9720 Fax (734) 466-9729

DRIVER APPLICATION

Date:_____

Name:_____ Telephone(home)_____
First Middle Last (cell) _____

Address:_____ How long?_____
Street City/State/Zip

Date of Birth:_____ Social Security Number _____-_____-_____
Addresses for Past
Three Years:_____ How long?_____
Street City/State/Zip

_____ How long?_____
Street City/State/Zip
(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS – DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES TO	FROM	APPROXIMATE NUMBER OF TOTAL MILES
STRAIGHT TRUCK				
TRACTOR/TRAILER				
TRACTOR/2-TRAILER				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (*Attach sheet if more space is needed*)

DATE	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	FATALITIES (Yes/No)	INJURIES (Yes/No)	DOT RECORDABLE? (Yes/No)

TRAFFIC CONVICTIONS AND FOREFITURES - PAST 3 YEARS (*Not including parking violations*)

DATE	LOCATION	CHARGE/VIOLATION	PENALTY (points/suspension)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT WITH DETAILS

Signature of Applicant_____ Date _____
My signature above attests that the information supplied is true and accurate