

Driver Addendum Form

FORM

Human Resources Document ID: 1416, REV: 1 Effective Date: 08/05/2016

The Driver Addendum must be completed by commercial driver applicants. The information requested below is required per the Federal Motor Carrier Safety Administration for all driver applicants.

Name		First	Middle		Last				
Date of (mm/dd/				Social Security	#				
List prev	ious add	resses for the past 3 yea	rs, if different fro	m current addre	ss:				
Address:							How	Long?	(Years/Months)
	Street		City		Stat	e/Zip Code			(Years/Months)
Address:						e/Zip Code	How	Long?	
	Street		City		Stat	e/Zip Code			(Years/Months)
Address:							How	Long?	
	Street		City		Stat	e/Zip Code			(Years/Months)
Address:							How	Long?	
	Street		City		Stat	e/Zip Code		J	(Years/Months)
			(List additional d	addresses on separate	e sheet)				
Driver Ex	xperience	e and Qualification – list	driver licenses or	permits held in t	he past 3	years.			
State		License No.	Endo	Endorsement(s)			Expiration date		
A. Hav	e vou eve	er been denied a license,	permit or privileg	e to operate a m	otor vehic	le?	Yes		No
	-	se, permit or privilege e		-	otor verme		Yes		No
		res to either A or B, prov					_		
ii you aii	isweieu y	es to either A or B, prov	de details.						
Driving F	Experienc	ce - list the type, class of	equinment (truck	tractor/trailer	hus etc)				
<u></u>						Dates		ιααΑ	ox # Miles
		Type of Equipmen	To From						
				I			l.		

List any trucking experience/training that may apply: ______



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tart with mosi	t recent)	Nature of Accident (Head on, rear-end, etc.)			Injuries	Hazmat Spill?	
Fraffic Convi	ictions – list	all violations for the past 3 years (other	than parking). If no	one, write 'No	ne.'	Commercial	
Date		Violation	CI	narge	State	Vehicle?	
		TO BE READ AND SIG	GNED BY APPLIC	ANT			
other related history will b	d matters as be made only Ith care prov	nake such investigations and inquires of may be necessary in arriving at an empl if, and after, a conditional offer of emp iders and other persons from all liability ication.	oyment decision. (loyment has been e	Generally, inq extended.) I h	uiries rega ereby rele	arding medical ease employers,	
		ent, I understand that false or misleadir d, also, that I am required to abide by a	-			terview(s) may	
in discharge.							
I understand be contacted	d for the pur	ation I provide regarding current and/or cose of investigating my safety perform tht to:					
I understand be contacted understand I • Rev • Hav corr • Hav	d for the pur I have the rig riew informa re errors in the rected inforr re a rebuttal	pose of investigating my safety perform	ance history, as req mployers and for the	uired by 49 Cl	R 391.23	(d) and (e). I to re-send the	

to the best of my knowledge.

Signature:

Date: _____