



ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATE(S)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES (If none, so state)	INJURIES (If none, so state)
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	TYPE OF VEHICLE OPERATED (Personal Car, School Bus, Truck)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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 GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

NOTE: DOT requires that employment for the previous 3 years be provided. In addition to your previous 3 years of all employment history, DOT requires you to list additional commercial driving experience for the past 10 years

LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job?    Y    N
Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing? _____ Y    N

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_  
Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job? Y N  
Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing? Y N

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_  
Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job? Y N  
Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing? Y N

**TO BE READ AND SIGNED BY APPLICANT**

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

I understand that information provided on previous employment and my safety performance history, as indicated in 49 CFR 391.23, will be investigated with previous employers. I also understand that I am an applicant for a position with Student Transportation Specialists and am being advised that as a part of the application process, the employer conducts a criminal history background check, to include the fingerprinting process. I do hereby consent to the employer use of any information provided during the application process in performing the criminal history check. By reading this statement and as indicated by my signature below, I am being informed that I understand that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I also understand that Student Transportation Specialists requires all applicants to submit to a Pre-Employment Urine Drug Screen prior to being offered a position with the company. I hereby provide this consent as a condition of employment with Student Transportation Specialists.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.**

Application Reviewed by: \_\_\_\_\_

*This form will be maintained indefinitely in the Driver's Qualification File.*