

**TOWN OF ROYALTON  
COMMERCIAL MOTOR VEHICLE OPERATOR  
APPLICATION FOR EMPLOYMENT**

COMPANY \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**LICENSE INFORMATION**

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

**(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 \_\_\_\_\_

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

