
Driving Record

LIST ALL TRAFFIC CONVICTIONS (Tickets) AND FORFEITURES FOR THE PAST 3 YEARS (other than parking tickets)

Use separate sheet if necessary. If you have not tickets, in the past 3 years, write none. For speeding violations, include actual speed and posted speed limit. DO NOT USE VIOLATION CODES.

Have you ever been convicted of or are charges pending for any of the following?

Felony	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date
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Misdemeanor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date
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Driving a vehicle under the influence of alcohol (.04 or more) or controlled substances	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date
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Careless or reckless driving	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date
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Has your license ever been suspended?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date
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Reason:

Possession, sale or use of controlled substance including marijuana	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date
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Leaving the scene of an accident	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date
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This application was completed by me, and all entries on it and the information that I have provided in this application are true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials submitted to the company or during my interviews (pre-and post-offers of employment) may result in denial of employment or discharge.

I have read and I understand all of this agreement.

Date _____ Applicants Signature _____