

**DRIVER CANDIDATES ONLY PLEASE COMPLETE THESE PAGES**

ACCIDENT RECORD FOR PAST 3 YEARS If none, write "None"				
	Date	Nature of Accident	Fatalities	Injury
Last Accident				
Next Previous				
Next Previous				
TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS If none, write "None"				
	Location	Date	Charge	Penalty
Last Conviction				
Next Previous				
Next Previous				
EXPERIENCE & QUALIFICATIONS Valid licenses currently held				
	State	License Number	Type	Exp. date
First License				
Additional License				
Additional License				
DRIVING EXPERIENCE Type of equipment & approximate miles/hours driven				
Class	Type (Van, Tank, Flat, etc)	Dates		Miles
		From	To	
Straight Truck				
Tractor/Trailer				
Doubles				
Bus				
Other				

**Drivers only fill in date of birth:**

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

LIST STATES LICENSED IN FOR PAST 5 YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**Part of the hiring process will include testing for both alcohol and controlled substances. If you wish to complete the application process you must be willing to participate in such testing. You will be asked to consent at the time of the test.**

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Food Bank of South Central Michigan permission to contact my former employers for the purpose of fulfilling the requirements of Federal Motor Carrier Safety Regulations (FMCSR) and obtaining references. I further authorize Food Bank of South Central Michigan to make any such additional inquiries beyond the FMCSR minimum requirements that are necessary to qualify this application. I do hereby release Food Bank of South Central Michigan, and any or my former employers from any and all liability which may result from obtaining and/or furnishing such information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_