



Drivers License Verification

Date: _____

Employee Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Drivers License Number: _____

State of: _____

Trade: _____

Supervisor: _____

1) Has your Drivers License ever been suspended or revoked? Yes No
If Yes, please give details below.

2) Have you ever been cited for a moving violation in the past 5 years? Yes No
If Yes, please give details below.

3) Have you ever been cited for driving under the influence? Yes No
If Yes, please give details below.

4) Ever been denied Automobile Insurance within the past 5 years? Yes No
If Yes, please give details below.

5) Ever been in an accident within the past 5 years? Yes No
If Yes, please give details below.

I give you permission the verify my driving recor

Signature by Employee: _____

Date: _____