

<b>APPLICATION - TRANSPORTATION PERSONNEL</b>  Date _____	<b>Return Application to:</b> Grand County School District 264 South 400 East Moab, Utah 84532
Name (Last/First/Middle) _____  Address (Street/City/State/Zip) _____  Social Security # _____ Home Phone _____  (Optional Info) Birth Place _____ Date of Birth _____	
Have you ever been convicted of a felony?    YES    NO    (Circle One) If yes, please explain on separate sheet of paper.	

**EXPERIENCE AND QUALIFICATIONS—DRIVER**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE 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.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS** (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS.**

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Have you ever had a license, permit or privilege suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT RECORD:**

NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown. Attach a sheet if more space is needed.

Name of Last Employer:	Dates	From:	To:
Address:			Phone:
Job Title and Duties:			
Reason for Leaving:			

Name of Prior Employer:	Dates	From:	To:
Address:			Phone:
Job Title and Duties:			
Reason for Leaving:			

Name of Prior Employer:	Dates	From:	To:
Address:			Phone:
Job Title and Duties:			
Reason for Leaving:			

**TO BE READ AND SIGNED BY APPLICANT**

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize investigation of all statements made in this application.	
Signature _____	Date _____

(Attach sheet if more space is needed.)