

Driver Qualification Record

Name (first, middle, last)

Phone (with area code)

Today's date

Date of birth

Years of driving experience

Driver's License

Driver's license number

Class

State or country where issued

Expiration date

Restrictions listed on license, if any

Endorsements listed on license, if any

Physical Disability or Driving Restriction

Do you have any physical condition that may interfere with your ability to safely operate a motor vehicle (such as seizures, vision impairment, and so forth)?

☐ Yes ☐ No

If yes, give details (attach additional pages if needed).

Have you ever been denied, or had revoked or suspended, any license, permit, or privilege to operate a motor vehicle?

☐ Yes ☐ No

If yes, give details (attach additional pages if needed).

Moving Violations

List any traffic citations received within the past three years (other than parking violations—attach additional pages if needed).

Date	Location	Description (such as speeding, failure to yield, improper turn, and so on)
Date	Location	Description (such as speeding, failure to yield, improper turn, and so on)
Date	Location	Description (such as speeding, failure to yield, improper turn, and so on)

Traffic Accidents

List any traffic accidents you have had within the past three years (attach additional pages if needed).

Date (most recent)	Location	Were you found to be more than 50 percent at fault for this collision?
		☐ Yes ☐ No
Nature of accident (such as head-on, left turn, rear-end, and so on)		Were any parties injured in this collision?
		☐ Yes ☐ No
Date	Location	Were you found to be more than 50 percent at fault for this collision?
		☐ Yes ☐ No
Nature of accident (such as head-on, left turn, rear-end, and so on)		Were any parties injured in this collision?
		☐ Yes ☐ No
Date	Location	Were you found to be more than 50 percent at fault for this collision?
		☐ Yes ☐ No
Nature of accident (such as head-on, left turn, rear-end, and so on)		Were any parties injured in this collision?
		☐ Yes ☐ No

Signature

By signing below, I certify that I have completed this form truthfully and accurately to the best of my knowledge. I also authorize the Church to obtain a current copy of my Motor Vehicle Record (MVR) at any time during my employment to verify my driving record. I understand that information on my MVR may result in a loss of driving privileges. I also understand that any misrepresentation of information in this application is cause for immediate dismissal.

Driver's signature

Date