

DRIVER APPLICATION SUPPLEMENT

Name: _____

Date Received: _____

DRIVER'S LICENSE INFORMATION (Must be completed by all applicants for positions which include driving as an essential function of the job.)

State _____ Class _____ Expiration Date _____

Driver's License Endorsements _____

Driver's License Restrictions _____

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

B. Has any license, permit or privilege ever been suspended or revoked by any state? Yes No

IF THE ANSWER TO EITHER A OR B WAS YES, PLEASE EXPLAIN THE DETAILS ON THE LINES BELOW.

TRAFFIC CONVICTIONS AND FORFEITURES (for the past 3 years, do not list parking violations)

Court Location	Date of Conviction	Charge	Penalty	Points

ACCIDENT RECORD (for the past 3 years) (involving persons and/or property)

Date of Accident	Location - City, State	Nature of Accident	Fatal?

Use the lines provided below to explain any of the above information concerning the accidents and traffic convictions listed:

DRIVER APPLICATION SUPPLEMENT CONT'D.

I hereby represent that each answer to a question herein, and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements, or information furnished by me during the selection process will subject me to disqualification from consideration or discharge at any time. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

I understand this Application for Employment and Driver Application Supplement does not constitute an expressed or implied contract of employment and, if hired, I have the right to terminate my employment for any reason at any time. I also understand the Cantalician Center for Learning reserves the same rights. I understand the Cantalician Center for Learning reserves the right to unilaterally change or modify "wage" and "conditions of employment" at any time without previous notice.

I further understand that in the event I receive an offer of employment, I will be required to submit to a post-offer drug test. The offer of employment will be revoked, or employment will be terminated, in the event of a positive test result. Any offer of employment may be revoked or employment will be terminated based on adverse information obtained by the Cantalician Center during the background investigation process.

Signature of Applicant

Date