

**INDIVIDUAL DRIVER QUESTIONNAIRE  
AND INVESTIGATION AUTHORIZATION**

**THIS PAGE IS REQUIRED IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES YOU TO DRIVE.**

JOB APPLYING FOR: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(please print)

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DUE TO INSURANCE REQUIREMENTS, CANDIDATES FOR TRANSIT DRIVER POSITIONS MUST BE 21 YEARS OF AGE OR OLDER. ARE YOU OVER THE AGE OF 21?     YES     NO

|                          | LICENSE # | STATE | TYPE OR CLASS | EXPIRATION DATE |
|--------------------------|-----------|-------|---------------|-----------------|
| CURRENT DRIVER'S LICENSE | =====     | ===== | =====         | =====           |

LICENSE RESTRICTIONS \_\_\_\_\_

HAVE YOU EVER TESTED POSITIVE OR REFUSED TO TEST ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST?  
 YES     NO    IF YES, WHEN AND WHERE \_\_\_\_\_

LIST BELOW ALL DRIVING CITATIONS OR NOTICES OF INFRACTION (EXCLUDING PARKING TICKETS) WHICH HAVE RESULTED IN CONVICTIONS OR FORFEITURES OF BOND WITHIN THE PAST THREE YEARS.

| DATE  | OFFENSE | LOCATION (CITY, STATE) |
|-------|---------|------------------------|
| _____ | _____   | _____                  |
| _____ | _____   | _____                  |
| _____ | _____   | _____                  |

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**DRIVER'S LICENSE INVESTIGATION AUTHORIZATION  
(PLEASE PRINT)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

**I HEREBY AUTHORIZE THE CITY OF PULLMAN TO RUN A DRIVER'S LICENSE INVESTIGATION FOR THE LAST FIVE YEARS FOR THE PURPOSE OF POSSIBLE EMPLOYMENT.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_