

# 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 \_\_\_\_\_

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 \_\_\_\_\_