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Driver Experience & Qualification
Application Supplement #1

Answer these questions ONLY if applying for a driver position

NAME: _____ DATE: _____

DRIVER LICENSE(S)

Please list all driver licenses held in the past three (3) years.	STATE	LICENSE NUMBER	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- 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? Yes No
 - C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
 - D. Have you ever been convicted of a crime in connection with the operation of a motor vehicle? Yes No
- If you answered "yes" to any of the above, please explain below (be sure to indicate letter(s) you are explaining) Use additional sheets if necessary:*

DRIVING EXPERIENCE

CLASS	TYPE OF EQUIPMENT (DUMP, VAN, TANK, FLAT, ETC)	DATES		APPROX MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
MOTORCOACH - SCHOOL BUS				
OTHER				

List states operated in during the last five years: _____

List any special courses or training you have had relevant to driving: _____

ACCIDENT RECORD (FOR THE PAST THREE (3) YEARS)*If none, write NONE.*

DATE	CITY/TOWN & STATE	NATURE OF ACCIDENT (Head-On, Rear-End, Overturn, etc.)	INJURIES	FATALITIES

TRAFFIC CONVICTIONS AND FORFEITURES (FOR THE PAST THREE (3) YEARS)*(Other than parking violations) If none, write NONE.*

DATE	LOCATION	CHARGE/OFFENSE	PENALTY

DRIVER APPLICANT'S CERTIFICATION AND AGREEMENT

(PLEASE READ CAREFULLY)

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application supplement as may be necessary in arriving at an employment decision. I understand that in compliance with § 40.25(g) and § 391.23, R.M. Piper, Inc. shall request information from prior employers regards to my services, accident history, drug and alcohol history and conduct while in their employ. In the event of employment, I understand that false or misleading information given in my applications or interview(s) may result in discharge.

Signature of Applicant_____
Date_____
Name (Please Print)

Your current driving record is required. Driver applicants must complete NH Department of Safety **Form DSMV 505** for release of motor vehicle records. If you have listed a license held in a state other than NH, your driving records will be obtained electronically.