

Driver Applicant Questionnaire

Name: _____

Address: _____

What states have you held a valid driver's license? _____

Do you possess a current vehicle operator's license?

Vehicle Operator License Other License (CDL, Chauffeur, etc.)

State: _____

Expiration: _____

License#: _____

Full Name: _____

(as it appears on license)

Have you ever held an operator's license under any other name?

If so, name(s) and state(s) held? _____

Have you ever had an operator's license revoked or suspended?

If yes, please explain: _____

List all moving violations and all accidents you have had within the last 10 years (If none, please write "NONE").

If you need additional space, write on the reverse side of this form.

(1) _____

(2) _____

(3) _____

(4) _____

Have you ever received a citation for driving while under the influence of alcohol, drugs or other controlled substances?

Yes No

If yes, please explain: _____

Have you ever been required to attend an alcohol offender's school, traffic offender's school or other remedial traffic school required by the courts?

If yes, please explain: _____

Have you ever completed a driver's education course?

If yes, when? _____

I understand that all of the information provided on this form will be kept confidential, and certify that, to the best of my knowledge, the above information is correct, and that any falsification may result in disciplinary action up to and including termination.

Signature of Applicant _____ Date _____

ATS Fleet Safety Program (2013)



Alternative Transportation System
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