Technician Driving Record

Authorization for DMV Record Check

#1 Fill out information.

#2 Turn in with application.

Name _____ _____ _____
First **Middle** **Last**

_____ ___/___/_____
Driver License Number **Date of Birth**

Month, Day and Year you started driving?___/___/_____
Number of years driving experience?_____
If outside USA, what country and dates of licenses:_____

Do you take any medication or have any handicaps that impar or limit your driving skills?
If yes, explain:_____

Do you have any conditions that would or affect your driving? Y / N
either physical or metal that could affect the operation of vehicle? Y / N
Personal Vehicle information _____ _____ _____
Year **Make** **Model**

Planned start date for driving, if other than ASAP: ___/____/_____

Have you had any accidents within last 10 years? Y / N

Have you had your license suspended or revoked within 10 years? Y / N

List of any violations in the last 10 years (if more than 2 on record, do not hire)

Yr Mo Description
__ __ _____ **Traffic School Y / N**

__ __ _____ **Traffic School Y / N**

I authorize State Farm to due a full DMV check.

_____ _____**/200__**
Signature **Date**