



# Personal Data and Driving Record

Name				Date	
<b>Current Driver's License</b>					
Date Issued		DL#		Date Expires	
Restrictions: <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, explain					
Regular	<input type="checkbox"/>			Endorsements	
CDL	<input type="checkbox"/>	Class	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Gender	Date of Birth	Hair Color	Eye Color	Height	
<b>USE ADDITIONAL PAPER IF NEEDED</b>					
	Types of vehicles driven in the past		Estimated Miles Driven	Purpose	
1.				<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other	
2.				<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other	
3.				<input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other	
<b>Record of Traffic Violations (except parking) for Past Ten (10) Years</b>					
Date	Nature or Type of Violation (What you were charged with)		City/State	Action Taken	
<b>Record of Accidents/Collisions for Past Ten (10) Years</b>					
Date	Nature of Accident (Backing, Rear-Ended, Explain)		City/State	Action taken	
<b>Record of Suspension, Revocation or Disqualifications of License in the Past Ten (10) Years</b>					
Date	Reason for Suspension or Revocation		City/State	Action Taken	
<b>Record of Alcohol/Drug-Related Convictions (DUI/DWI)</b>					
Date			City/State		

**Commercial Driver License 10-YEAR EMPLOYMENT HISTORY (For CDL Applicants only)**

*In accordance with N.C. G.S. 20-37.18; Any driver applying for a CDL position must provide YVEDDI with the following information for the 10-years preceding the date of this application.*

**Annotate any employment where you were a driver of a commercial motor vehicle.**

EMPLOYER NAME	ADDRESS	PHONE NUMBER	DATES EMPLOYED	REASON FOR LEAVING

Use a separate sheet of paper if more room is needed

**Certification**

*I certify that all the information given is true, accurate and complete and understand that any misrepresentation of facts in this document or during an interview may subject me to disqualification or dismissal.*

Applicant Signature	Date
Approval	Date