

ABILITY TO DRIVE SAFELY
EXPERIENCE STATEMENT SHEET FOR MOTOR VEHICLE AND MOBILE EQUIPEMENT OPERATORS

A. General Information

Name (First, Middle, Last)	Applied Position or Title	SSN
Current Residence (Number and Street, or P.O. Box number, City, and Zip Code)		

B. Driver License Information

Driver License Number Or Permit Number	Issuing State	Expiration Date
Type of License (<i>List Class and Endorsements</i>)	Restrictions Listed in Current License	
List previous licenses from other states for past 5 years		

C. Traffic Violations

Supply the information requested below for each time you were given a ticket or arrested for a traffic violation during the previous 5 years. Please exclude parking violations and dispositions in which you were found NOT GUILTY. Be sure to list ALL traffic violations in the last 5 years. Under "Offense" do not list specific violation codes. List actual offense or violation (*for example speeding, reckless driving, DWI, etc.*). Use additional sheets of paper if necessary and attach them to this form.

1	Offense	Date (MM/YYYY)	While on Job?	License revoked or suspended?	Fined or forfeited collateral?	Sentence
	Law Enforcement Authority (<i>Include Address of Law Enforcement Authority, Number, Street, City and State</i>)					
Details of Action Taken (<i>Length of suspension, amount of fine, etc.</i>)						
2	Offense	Date (MM/YYYY)	While on Job?	License revoked or suspended?	Fined or forfeited collateral?	Sentence
	Law Enforcement Authority (<i>Include Address of Law Enforcement Authority, Number, Street, City and State</i>)					
Details of Action Taken (<i>Length of suspension, amount of fine, etc.</i>)						
3	Offense	Date (MM/YYYY)	While on Job?	License revoked or suspended?	Fined or forfeited collateral?	Sentence
	Law Enforcement Authority (<i>Include Address of Law Enforcement Authority, Number, Street, City and State</i>)					
Details of Action Taken (<i>Length of suspension, amount of fine, etc.</i>)						

D. Accident Record

Complete the requested information below. List ALL motor vehicle accidents that you have incurred during the previous 5 years, whether you were at fault or not. Use additional sheets of paper if necessary and attach them to this form.

Type of Accident (<i>Head on collision, rear end collision, hit a tree etc.</i>)	(MM/YYYY)	While on Job?	License revoked or suspended?	Fined or forfeited collateral?	Was a death involved?	Determined to be at fault?

Describe charges placed against you, if any.

City, County, State (*Where accident occurred*)

Details of Action Taken (*Length of suspension, amount of fine, sentence, etc.*)

Did you or your insurance company make payment to other party? (*IF 'YES' state amount*)
 Y
 N Amount in Dollars _____

Amount of Estimated Damage to your vehicle
 Amount in Dollars _____

Amount of Estimated Damage to other party's vehicle
 Amount in Dollars _____

Type of Accident (<i>Head on collision, rear end collision, hit a tree etc.</i>)	(MM/YYYY)	While on Job?	License revoked or suspended?	Fined or forfeited collateral?	Was a death involved?	Determined to be at fault?

Describe charges placed against you, if any.

City, County, State (*Where accident occurred*)

Details of Action Taken (*Length of suspension, amount of fine, sentence, etc.*)

Did you or your insurance company make payment to other party? (*IF 'YES' state amount*)
 Y
 N Amount in Dollars _____

Amount of Estimated Damage to your vehicle
 Amount in Dollar _____

Amount of Estimated Damage to other party's vehicle
 Amount in Dollars _____

E. Driver License Suspensions or Revocations

If in the last 10 years your driver's license has been suspended or revoked for ANY reason, please complete the information below. Use additional sheets of paper if necessary and attach them to this form.

Date of Suspension or Revocation	Reason	Date Reissued

F. Safety Awards

List any safe driving awards you have received. Use additional sheets of paper if necessary and attach them to this form.

Type of Award (<i>Give details for award received for example Driver's Safety Course, Defensive Driving, Yearly Driving Award.</i>)	Date Received

G. Certification

I understand and certify that all of the statements made in this form are true, complete, and correct to the best of my knowledge and belief. Copies of this form that show my signature are as valid as the original signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the United States International Boundary and Water Commission, whichever is sooner.

Signature of Applicant	Full Name (<i>Type or Print Legibly</i>)	Date