

ABILITY TO DRIVE SAFELY**United States Civil Service Commission**Form Approved
Budget Bureau No. 50-R0279.

Experience Statement Sheet for Motor Vehicle and Mobil Equipment Operators

*Please fill in both sides of this Form. You may have someone help you complete it if you wish.***A. General Information**

| | |
|--|---|
| 1. Title of position applied for | 2. Date |
| 3. Name (<i>First, middle, last</i>) | 4. Birth date (<i>Month, day, year</i>) |
| 5. Address (<i>Number and street, or RD number, city, state, and ZIP Code</i>) | |

B. Traffic Violations. (Supply the information requested below for each time you were given a ticket or arrested for breaking a driving law during the past 5 years. Do not include any record where you were found no guilty. Also do not include parking tickets.)

| | | | | | | | |
|----------|---|--------|--|--------------------|--|---|---|
| 1 | Type of violation | Mo/Yr. | While on job? Yes <input type="checkbox"/> No <input type="checkbox"/> | City County, State | License revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> | Fined or forfeited collateral? Yes <input type="checkbox"/> No <input type="checkbox"/> | Sentenced? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Details of action taken (<i>Length of suspension, amount of fine, etc.</i>) | | | | | | |
| 2 | Type of violation | Mo/Yr. | While on job? Yes <input type="checkbox"/> No <input type="checkbox"/> | City County, State | License revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> | Fined or forfeited collateral? Yes <input type="checkbox"/> No <input type="checkbox"/> | Sentenced? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Details of action taken (<i>Length of suspension, amount of fine, etc.</i>) | | | | | | |
| 3 | Type of violation | Mo/Yr. | While on job? Yes <input type="checkbox"/> No <input type="checkbox"/> | City County, State | License revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> | Fined or forfeited collateral? Yes <input type="checkbox"/> No <input type="checkbox"/> | Sentenced? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Details of action taken (<i>Length of suspension, amount of fine, etc.</i>) | | | | | | |

C. Driver's License Information

| | | |
|--|------------------------------|---|
| Driver's permit or license number | State in which it was issued | Date it expires |
| Restrictions listed in present license | | Other States where you obtained license during the past 5 years |

D. Accident Record. (Complete the information requested for each accident you have had during the past 5 years – whether your fault or not.)

| | | | | | | |
|----------|---|---|---|--|---|--|
| 1 | Type of accident (<i>Head-on collision, hit a tree, etc.</i>) | | Mo./Yr. | While on job? Yes <input type="checkbox"/> No <input type="checkbox"/> | City, County, State | |
| | Amount of damage to your car \$ _____ | Amount of damage to the other party's car \$ _____ | Did you or your insurance company make payment to the other party? If "Yes," give amount. \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Was anyone killed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Were you judged at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Describe charges placed against you, if any | License revoked or suspended Yes <input type="checkbox"/> No <input type="checkbox"/> | Fined or forfeited collateral? Yes <input type="checkbox"/> No <input type="checkbox"/> | Sentenced? Yes <input type="checkbox"/> No <input type="checkbox"/> | Details of action taken (<i>sentenced length of suspension, amount of fine, etc.</i>) | |

| | | | | | | |
|----------|---|---|---|--|---|--|
| 2 | Type of accident (<i>Head-on collision, hit a tree, etc.</i>) | | Mo./Yr. | While on job? Yes <input type="checkbox"/> No <input type="checkbox"/> | City, County, State | |
| | Amount of damage to your car \$ _____ | Amount of damage to the other party's car \$ _____ | Did you or your insurance company make payment to the other party? If "Yes," give amount. \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Was anyone killed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Were you judged at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Describe charges placed against you, if any | License revoked or suspended Yes <input type="checkbox"/> No <input type="checkbox"/> | Fined or forfeited collateral? Yes <input type="checkbox"/> No <input type="checkbox"/> | Sentenced? Yes <input type="checkbox"/> No <input type="checkbox"/> | Details of action taken (<i>sentenced length of suspension, amount of fine, etc.</i>) | |

E. Safety Awards

| | |
|--|---|
| Have you ever received a safety award? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, give details, including date received |
| Have you ever received a citation for safe driving or for being a safe worker? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, give details, including date received |

If you had more than three traffic violations or two accidents within the last 5 years, provide the information requested in Band D above for each on additional sheets.

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

| | |
|------------------------|------|
| Signature of applicant | Date |
|------------------------|------|