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| DRIVER SUPPLEMENTAL APPLICATION | | | |
| Account Name: | Effective Date: | | |
| Producer: | State: | | |
| How many drivers are employed?\_\_\_\_\_\_ | |  |  |
| Indicate number of drivers in each age group:Under 21:\_\_\_\_ Age 21 – 24:\_\_\_\_\_ Age 25 and over:\_\_\_\_\_ Over 65:\_\_\_\_\_ | |  |  |
| What is the average length of employment for the drivers:\_\_\_\_\_ | |  |  |
| Describe driver training and incentive programs: | |  |  |
| Describe action taken with repeat offenders or employees with unacceptable driving records: | |  |  |
| Do only properly licensed drivers operate CDL units? | | Yes | No |
| Are company vehicles taken home by employees? | | Yes | No |
| Do employees operate company vehicles for personal use? | | Yes | No |
| Are family members allowed to operate company vehicles? | | Yes | No |
| Are accidents recorded so repeaters can be easily identified? | | Yes | No |
| Indicate which of the following driver hiring procedures are used. | | Yes | No |
| Application for employment: | |  |  |
| Motor vehicle record obtained: | |  |  |
| Previous employer checked: | |  |  |
| Road Test: | |  |  |
| Drug Test: | |  |  |
| Written Exam: | |  |  |
| Physical Exam: | |  |  |