

**DRIVER'S INFORMATION FORM**

**Name:** \_\_\_\_\_

**Type of Driver's License:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**State Issued:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Has your license been revoked or suspended in the past six (6) years?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any restrictions:** \_\_\_\_\_

\_\_\_\_\_

**List any moving violations or accidents you have had in the past six (6) years INCLUDING DUI AND/OR RECKLESS DRIVING.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*PLEASE NOTE\*\*\***

**A VALID LICENSE IN THE STATE OF FLORIDA IS EXPECTED AS A CONDITION OF EMPLOYMENT.**

**SIGNATURE** x \_\_\_\_\_