COMMERCIAL DRIVER'S LICENSE
THIRD PARTY TESTER APPLICATION

TYPE OR PRINT

APPLICANT INFORMATION

NAME: _____

RESIDENCE ADDRESS: _____ COUNTY _____

MAILING ADDRESS: _____

PHONE(S): _____ DOB: _____

LAST 4 DIGITS OF SSN: _____ DR.LIC. #: _____ STATE _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

JOB TITLE: _____ DUTIES: _____

CITATIONS, CAMPAIGNS & AWARDS: _____

DRIVING/ACCIDENT INFORMATION

YEARS DRIVING COMMERCIAL VEHICLES: Present Employer: _____ Previous Employer(s): _____

MILEAGE: Present Employer: _____ Previous Employer(s): _____

EQUIPMENT OPERATED: Truck _____ Tractor/Trailer _____ Truck/Trailer: _____

TYPE OF DRIVING: Local _____ Intercity _____ Local and Intercity _____

Long Haul _____ Long Haul and Local _____

ACCIDENT RECORD

	Number Chargeable		Number Non-Chargeable	
	Traffic	Non-Traffic	Traffic	Non-Traffic
PRESENT EMPLOYER:				
PREVIOUS EMPLOYER:				

Date of Last Chargeable Accident: _____ Date of Last Non-Chargeable Accident: _____

Date of Last Traffic Violation or Citation: _____ Offense: _____

COMPUTER/INTERNET EXPERIENCE

Please circle the most appropriate statement below.

1. How often do you use desktop or laptop computers?

   Never used a computer A few times a month or less Once a week Every day or two Several times a day

2. How would you rate your current computer skills?

   Very Poor Poor Fair Good Very Good

3. How often do you use the Internet?

   Never used the internet A few times a month or less Once a week Every day or two Several times a day

4. How would you rate your current Internet skills?

   Very Poor Poor Fair Good Very Good

5. How often do you use e-mail?

   Never used e-mail A few times a month or less Once a week Every day or two Several times a day

6. How would you rate your current e-mail skills?

   Very Poor Poor Fair Good Very Good

DISCLAIMER

If you accept this position you MUST submit all requested material in a timely manner. You will also be required to conduct at least four tests a month, unless the following conditions occur: weather or no calls for testing. However, customer demands may require that you test in excess of the stated four tests per month. As administrators of the program, it is our expectation that you meet these demands. We expect you to be available and perform as many tests as required by the customers. We reserve the right to revoke your certification and testing privileges should you fail to meet these expectations and appropriate steps will be taken to recover any costs incurred by the State for your certification training. We reserve the right to revoke your certification if it is deemed necessary after a full investigation of any claims against you.

I certify that the above information is true and complete. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.

SIGNATURE OF APPLICANT: _____ DATE: _____

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