OFFICE OF PERSONNEL MANAGEMENT
ABILITY TO DRIVE SAFELY

Experience Statement for Motor Vehicle and Mobile Equipment Operators
(Replaces CSC Form 665)

A. GENERAL INFORMATION

1. TITLE OF POSITION APPLIED FOR: _____
2. DATE: _____
3. NAME (First, Middle, Last): _____
4. BIRTH DATE (Month, Day, Year): _____
5. ADDRESS (Number and Street, City, State and Zip code):

_____

_____

_____

B. TRAFFIC VIOLATIONS: (Supply the information requested below for each time you were given a ticket or arrested for breaking an existing law during the past five years. Do not include any record where you were found not guilty. Also, do not include parking tickets.)

1. TYPE OF VIOLATION: _____ MO/YR: _____ WHILE ON THE JOB? ____ YES ____ NO
   CITY, COUNTY, STATE: _____

LICENSE SUSPENDED OR REVOKED? _____ YES _____ NO SENTENCED? _____ YES _____ NO

FINED OR FORFEITED COLLATERAL? _____ YES _____ NO

DETAILS OR ACTION TAKEN (Length of suspension, amount of fine, etc): _____

_____

_____

_____

_____

2. TYPE OF VIOLATION: _____ MO/YR: _____ WHILE ON THE JOB? ____ YES ____ NO
   CITY, COUNTY, STATE: _____

LICENSE SUSPENDED OR REVOKED? _____ YES _____ NO SENTENCED? _____ YES _____ NO

FINED OR FORFEITED COLLATERAL? _____ YES _____ NO

DETAILS OR ACTION TAKEN (Length of suspension, amount of fine, etc): _____

_____

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_____

3. TYPE OF VIOLATION: _____ MO/YR: _____ WHILE ON THE JOB? ___ YES ___ NO

CITY, COUNTY, STATE: _____

LICENSE SUSPENDED OR REVOKED? _____ YES _____ NO SENTENCED? _____ YES _____ NO

FINED OR FORFEITED COLLATERAL? _____ YES _____ NO

DETAILS OR ACTION TAKEN (Length of suspension, amount of fine, etc): _____

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C. DRIVER'S LICENSE INFORMATION

DRIVER'S PERMIT/LICENSE NUMBER: _____ STATE IN WHICH IT WAS ISSUED: _____

DATE IT EXPIRES: _____ RESTRICTIONS LISTED ON PRESENT LICENSE: _____

OTHER STATES WHERE YOU OBTAINED A LICENSE DURING THE PAST FIVE YEARS: _____

D. ACCIDENT RECORD. (Complete the information requested for each accident you have had during the past five years, whether your fault or not.)

1. TYPE OF ACCIDENT (Head-on collision, hit a tree, etc): _____

MO/YR: _____ WHILE ON THE JOB? ___YES ___NO CITY, COUNTY STATE: _____

AMT. OF DAMAGE TO YOUR CAR: $_____ AMT. OF DAMAGE TO THE OTHER PARTYS CAR: $_____

DID YOUR INSURANCE COMPANY MAKE PAYMENT TO THE OTHER PARTY? _____YES _____NO

IF YES, give amount, $_____ WAS ANYONE KILLED? _____YES _____NO

WERE YOU JUDGED AT FAULT? _____YES _____NO

DESCRIBE CHARGES PLACE AGAINST YOU, IF ANY: _____

_____

_____

_____

_____

LICEENSE SUSPENDED OR REVOKED? _____YES _____NO SENTENCED? _____YES _____NO

FINED OR FORFEITED COLLATERAL? _____YES _____NO

DETAILED OF ACTION TAKEN (Sentence, length of suspension, amount of fine, etc): _____

_____

_____

_____

_____

2. TYPE OF ACCIDENT (Head-on collision, hit a tree, etc): _____

MO/YR: _____ WHILE ON THE JOB? ____YES ____NO CITY, COUNTY STATE: _____

AMT. OF DAMAGE TO YOUR CAR: $_____ AMT. OF DAMAGE TO THE OTHER PARTYS CAR: $_____

DID YOUR INSURANCE COMPANY MAKE PAYMENT TO THE OTHER PARTY? _____YES _____NO

IF YES, give amount, $_____ WAS ANYONE KILLED? _____YES _____NO

WERE YOU JUDGED AT FAULT? _____YES _____NO

DESCRIBE CHARGES PLACE AGAINST YOU, IF ANY: _____

_____

_____

_____

_____

LICEENSE SUSPENDED OR REVOKED? _____YES _____NO SENTENCED? _____YES _____NO

FINED OR FORFEITED COLLATERAL? _____YES _____NO

DETAILED OF ACTION TAKEN (Sentence, length of suspension, amount of fine, etc): _____

_____

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E. SAFETY AWARDS:

HAVE YOU EVER RECEIVED A SAFETY AWARD: ____YES ____NO If yes, give details, including dates received: _____

_____

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_____

HAVE YOU EVER RECEIVED A CITATION FOR SAFE DRIVING OR FOR BEING A SAFE WORKER: _____YES _____NO

If yes, give details, including dates received: _____

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_____

IF YOU HAVE MORE THAN THREE TRAFFIC VIOLATIONS OR TWO ACCIDENTS IN THE LAST FIVE YEARS, PROVIDE THE INFORMATION REQUESTED IN B AND D ABOVE FOR EACH ON ADDITONAL 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: _____