City of Glendale
Drivers License Information Request Form

Please print:

Employee ID: ________________________________

Name (As it appears on your driver’s license): __________________________

Last __________ First __________ MI __________

Drivers License Number: __________________________

State: __________________________

Issue Date: __________ Expiration Date: __________

Class:

Graduated (Class G): ☐

Operator (Class D): ☐

Motorcycle (Class M): ☐

Commercial (CDL): ☐ A ☐ B ☐ C

Endorsements: __________________________

I hereby certify that the information provided above is correct.

Employee Signature __________________________ Date __________________________
Supplemental Questionnaire

Please complete the following sections:

<table>
<thead>
<tr>
<th>Do you have a valid Driver's License?</th>
<th>Driver's License Number:</th>
<th>State:</th>
<th>CDL?</th>
<th>Classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
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</table>

List any CDL endorsements:

In the past three years, have you had any minor and/or major traffic offenses that resulted in your paying a fine and/or receiving a conviction?

Some examples include: speeding, reckless operation, hit-and-run, D.U.I., moving and non-moving violations, etc.

□ Yes □ No

If you answered “YES”, please provide information about the traffic offense(s):

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
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I hereby certify that all statements contained herein are true to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligible list, or discharge from City service. I understand that this information is subject to verification with my former employers.

Printed Name

Signature ______________________  Date ______________________

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Driver Record of Violations Certification Form

Driver’s Certification

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Employee Name: _______________________________ Employee ID: ______________________

<table>
<thead>
<tr>
<th>Date of conviction</th>
<th>Offense</th>
<th>Location</th>
<th>Type of motor vehicle operated</th>
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<tbody>
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</table>

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Print Name: __________________________________________

Signature: __________________________________________ Date: __________________

This section to be completed by Human Resources

Reviewed by:

Print Name: _______________________________ Title: _______________________________

Signature: _____________________________ Date: ____________________

City of Glendale
5850 W. Glendale Ave.
Glendale, AZ 85301

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