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DRIVER'S QUESTIONNAIRE

Attachment 8g

Name _____ Age _____ Date of Birth _____

Address _____
Street City State Zip Code

Position held or sought _____ Location _____

Driver's License Number _____ Type _____ State _____ Date issued _____

(Expiration Date)

Valid Through: _____ Has your license ever been revoked or suspended? _____ If yes, explain:

Have you ever been convicted of DWI/DUI? _____ If so, when? _____

List *traffic violations* cited within last three (3) years.

Approximate Month And Year	City	State	Violation

Accident Record (if any). Give a brief resume listing approximate date for all accidents within past three years.

Approximate Month And Year	City	State	Violation

Approximate truck mileage driven past three years. List each employer.

Employer	Year	Miles

I certify to the best of my knowledge all information contained on this form is correct. I authorize investigation of any statements contained herein, including information from prior employers, and understand that misrepresentation or omission of facts requested **will be cause for termination of my employment with Hi-Speed.**

Driver's Signature

Date

(File in Personnel File)