



City of Coconut Creek Applicant Driving History



General Instructions: The following questionnaire is to be completed only by those applicants for a position which would require the use of a City vehicle. Please print all information exactly as shown on the driver's license.			
Driver's License Number	Issuing State	Date of Issue	Type CDL _____ Class _____ Endors. _____ Operator _____
Name:	First	Middle	Last
Address:	Street	City	State Zip Code
If you have not held a Florida Driver's License for the last three years, please give prior driver's license number and state in which it was issued:			
Is your license currently valid? Yes <input type="radio"/> No <input type="radio"/>		Has your license expired? Yes <input type="radio"/> No <input type="radio"/>	
Has your license ever been suspended? Yes <input type="radio"/> No <input type="radio"/> If yes, please explain:			
Has your license ever been revoked? Yes <input type="radio"/> No <input type="radio"/> If yes, please explain:			
List ALL traffic citations received within the last seven years. For each offense, give date, description of offense, city, and state in which the offense occurred, and disposition of case:			
Have you ever completed a Defensive Driving Course? Yes <input type="radio"/> No <input type="radio"/> If yes, please give date completed: _____			
Certification of Applicant - Please read carefully before signing.			
I hereby certify that all answers to the above questions and statements on the Driver's License form are true, and I agree and understand that any misstatements of material facts contained in the form may cause forfeiture upon my part of all rights to any employment sought hereunder.			
_____			_____
Signature			Date