

CDL SUPPLEMENTAL APPLICATION

City of Unalaska
P.O. Box 610
Unalaska, AK 99685

Name: _____

Date: _____

Address: _____

City: _____

Date of Birth: _____

SSN: _____

Places of Residence for Last Three Years (*begin with most recent*):

Address: _____ City: _____ State: _____

Address: _____ City: _____ State: _____

Address: _____ City: _____ State: _____

List the Issuing State, Number, and Expiration Date of each un-expired CDL or permit issued to you.

State

Number

Date

Describe the Nature and Extent of Your Experience in the Operation of Motor Vehicles, including the Type of Equipment Operated (*begin with most recent experience*):

Years

Type of Work

Equipment Operated

Beginning with the most current, list the names and addresses of each of your employers over the last three (3) years, the dates you were employed, and the reason you left that position.

1. Employer _____ Address _____

Dates Employed _____ Reason for Leaving _____

2. Employee _____ Address _____

Dates Employed _____ Reason for Leaving _____

3. Employer _____ Address _____

Dates Employed _____ Reason for Leaving _____

Be Sure to Complete the Other Side.

List ALL violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you have been convicted or for which you have forfeited bond or collateral during the last three (3) years:

	VIOLATION	DATE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

In the space provided, provide in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you.

If no such denial, revocation, or suspension has occurred, please sign the following statement:
I certify that I have not had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended for any reason.

Signature: _____ Date: _____

List ALL Motor Vehicle Accidents during the last three (3) years:

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature

Date

The information provided in this document may be used and prior employers contacted for the purposes of investigating your background, as required by federal regulation 391.21.

Be Sure to Complete the Other Side.