

 Hanover Risk Solutions

Sample Application Addendum for Drivers of Automobiles, Vans & Light Trucks

Our business considers the safe operation of vehicles critical to our success. Please complete the following so that we can help assure that you are qualified to operate our vehicles.

Applicant's Name (print): _____

Telephone No. _____

Applicant's Current Address: _____

Applicant's Previous Addresses (if living at current address for less than three years):

Driver's licenses

(List all licenses held in past three years and indicate those that are current.)

Issuing State _____ License Number _____ Class _____

Endorsement(s) _____ Expiration _____

Issuing State _____ License Number _____ Class _____

Endorsement(s) _____ Expiration _____

Issuing State _____ License Number _____ Class _____

Endorsement(s) _____ Expiration _____

Have you ever been denied, or had revoked or suspended, any license, permit, or privilege to operate a motor vehicle? Yes No

If you answered Yes to the above question, give details (If more space is needed, attach sheet):

Traffic violation convictions and forfeitures for past three years (other than parking)

Location (City & State) _____ Date _____

Charge _____ Penalty _____

Location (City & State) _____ Date _____

Charge _____ Penalty _____

Driving experience

Class of Equipment	Dates (From - To)	Total Miles Driven (approximate)
Automobile _____	_____	_____
Van _____	_____	_____
Pickup _____	_____	_____
Truck/Tractor _____	_____	_____
Bus _____	_____	_____
Other (Specify) _____	_____	_____

Accident record for past three years

(If more space is needed, attach sheet.)

Date	Location	Nature of Accident	Fatalities	Injuries
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Background

Have you ever been convicted of a felony? Yes No

Have you ever been refused bond? Yes No

If you answered 'Yes' to either question, give details (If additional space is needed, attach sheet):


List special training related to transportation

(If additional space is needed, attach sheet.)

To be read and signed by applicant

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that, if hired, any misrepresentation of information in this application is cause for immediate dismissal. I authorize this company to investigate my background to ascertain all information of concern to my employment history, whether same is of record or not, and release those providing such information from all liability for any damages resulting from furnishing this information. Further, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job and, if offered the job, that it may be conditioned on results of a physical examination, and testing for the use of controlled substances and alcohol misuse.

Applicant's Signature _____ Date _____

 **To learn more about Hanover Risk Solutions,**
visit hanoverrisksolutions.com



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hanover.com
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