

POSITION CERTIFICATION DRIVER
Administratively Determined

I, _____ affirm, on this _____ date of _____, that the items checked below are true statements in regards to my abilities and willingness to perform as a contract driver:

- I am 18 years old or older;
- I have no known physical disability that could create a safety hazard to myself or to other persons,
- I am not seriously overweight or underweight (+/- 50 lbs.
- I have no history of heart, lung, intestinal, or nervous disorder;
- Within the last three years I have received the following citations dealing with the operation of a motor vehicle: **(If you have nothing – please put N/A or NONE) in first space)**

Infraction: _____ Date: _____ Fine: \$ _____

Infraction: _____ Date: _____ Fine: \$ _____

Infraction: _____ Date: _____ Fine: \$ _____

I currently hold a driver's license issued by the state of: _____ License No. _____
Date issued: _____ Expiration Date: _____ Restrictions: _____

My license entitles me to transport up to _____ passengers.

Type of Vehicles licensed to operate:

Within the last three years I have received _____ hours of class room instruction in defensive driving; training was obtained from: _____
Name: _____, telephone: _____ may be contacted to verify this training.

Within the last three years I have been employed as a driver in the following capacity: _____; employment was with the following firm(s): _____

Name: _____, telephone _____ may be contacted to verify this employment.

I FULLY UNDERSTAND THAT MY TERM OF EMPLOYMENT WITH THE GOVERNMENT MAY BE TERMINATED FOR UNSATISFACTORY SKILLS OR LACK OF APPROPRIATE SAFETY PRECAUTIONS.

SIGNED: _____ DATE: _____