



# Driver Addendum to Application for Employment

for

**Renewal Processing Inc,  
Sensenig Transportation Inc, or  
Route 44 Repair Center Inc**

10705 State Route 44, Watsonstown PA 17777  
Phone: 570-838-3838 Fax: 570-838-3840

Date \_\_\_\_\_ Full Name \_\_\_\_\_

### DRIVER--EXPERIENCE AND QUALIFICATIONS

	<u>Driver License #</u>	<u>State</u>	<u>Type</u>	<u>Expiration Date</u>
Date received CDL _____	_____	_____	_____	_____

<u>Class of Equipment</u>	<u>Type of Equipment (van, tank, flat, etc)</u>	<u>From Date</u>	<u>To Date</u>	<u>Approx Total # of Miles</u>
Straight Truck		-		
Tractor & Semi-Trailer		-		
Tractor - 2 trailers		-		
Other		-		

### Accident Record for Past Years

	<u>Date</u>	<u>Nature of Accident (head-on, rear-end, upset, etc)</u>	<u>Fatalities</u>	<u>Injuries</u>
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

Attach sheet if more is needed.

### Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

<u>Date</u>	<u>Location</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____

Attach sheet if more is needed.

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_

Has any license, permit, or privilege been suspended or revoked? Yes \_\_\_ No \_\_\_

If you answered yes to either of the two above questions, attach statement giving details.

## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I hereby provide consent to Renewal Processing Inc, Sensenig Transportation Inc, Route 44 Repair Center Inc, hereinafter referred to as Companies, to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. My consent is for unlimited limited queries for the duration of employment.

I understand that if the limited query conducted by Companies indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Companies without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Companies to conduct a limited query of the Clearinghouse, Companies must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

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Signature

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Date

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Printed Name