



Proud of our progress;
Excited about our future

COUNTY OF HENRICO, VIRGINIA
COMMERCIAL DRIVER'S LICENSE SUPPLEMENTAL FORM
(To be used with Henrico Co. Govt. Employment Application)

www.co.henrico.va.us

Name: _____ SS#: _____ Date of Birth: _____

Position applying for: _____ Position #: _____ Department: _____

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List previous address(es) for the past three years:

Street address: _____ City: _____ State: _____ Zip: _____ Date: _____

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Street address: _____ City: _____ State: _____ Zip: _____ Date: _____

Do you have a C.D.L.? Yes ___ No ___ License #: _____ Expiration Date: _____ Issuing State: _____

List endorsements: _____

Do you have a valid motor vehicle operator's license or permit issued by other state(s): Yes ___ No ___ If yes, list: Issuing state: _____

License #: _____ Expiration date: _____ License #: _____ Expiration date: _____

Equipment used for the past ten years (i.e., bulldozer, heavy motor grader, backhoe, etc.): _____

Have you been involved in a motor vehicle accident in the past three years? Yes ___ No ___ If yes, give description of all accidents and include any injuries and fatalities that were caused:

Date of accident: _____ State where accident occurred: _____ Brief description of accident: _____

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List all moving violations of motor vehicles in which you were convicted, or forfeited bond or collateral in the past three years:

Date of violation: _____ Type of violation: _____ Results of violation: _____

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For the past ten years, list in detail any denials, revocations, or suspensions of all permits or licenses to operate a motor vehicle: _____

If there are no denials, revocations, or suspensions of any license, provide a statement indicating this: _____

Additional sheet(s) must be attached if necessary

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 any willful misstatements or omissions in this application will be sufficient cause to disqualify me from employment consideration with the County of Henrico.

I authorize the release of any and all job-related information and motor vehicle record(s) that the County of Henrico may request or any records pertaining to the past or present employment which may now exist or in the future exist.

Date: _____

Signature: _____