

ACCIDENT RECORD (FOR PAST THREE YEARS)

If none, write NONE.

DATE	CITY/TOWN & STATE	NATURE OF ACCIDENT (Head-On, Rear-End, Overturn, etc.)	INJURIES	FATALITIES

TRAFFIC CONVICTIONS AND FORFEITURES (FOR THE PAST THREE YEARS)

(Other than parking violations) If none, write NONE.

DATE	LOCATION	CHARGE/OFFENSE	PENALTY

DRIVER APPLICANT'S CERTIFICATION AND AGREEMENT

(PLEASE READ CAREFULLY)

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application supplement as may be necessary in arriving at an employment decision. I understand that in compliance with § 40.25(g) and § 391.23, R.M. Piper, Inc. shall request information from prior employers regards to my services, accident history, drug and alcohol history and conduct while in their employ. In the event of employment I understand that false or misleading information given in my applications or interview(s) may result in discharge.

Signature of Applicant

Date

Driver applicants must complete NH Department of Safety **Form DSMV 505** for release of motor vehicle records.