

ESSEX COUNTY RECOVERY BUREAU
329 BROAD STREET REAR
BLOOMFIELD, NJ 07003
(973) 680-0097

NAME: _____ DATE OF BIRTH: _____ SS# _____

ADDRESS: _____ HOW LONG _____
 (Street) (City) (State/Zip)

PREVIOUS ADDRESS: _____ HOW LONG _____

TELEPHONE # _____ CELL # _____

LICENSES

DRIVER LICENSE	STATE	LICENSE #	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	YES / NO (CIRCLE ONE)	DATE FROM	DATE TO
CONVENTIONAL TOW TRUCK	Y / N		
WHEEL LIFT	Y / N		
FLAT BED (2 OR 4)	Y / N		
MEDIUM DUTY	Y / N		
HEAVY DUTY	Y / N		
OTHER : (TYPE:)	Y / N		

ACCIDENT RECORD FOR THE LAST THREE YEARS OR MORE (Attach sheet if more space necessary)

DATES	NATURE OF ACCIDENT (Head-on, rear-end etc...)	FATALITIES	INJURIES YES / NO

CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES _____ NO _____

HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES _____ NO _____

IF THE ANSWER TO EITHER OF THESE TWO QUESTIONS IS YES, PLEASE EXPLAIN:

EMPLOYMENT RECORD

EMPLOYMENT RECORD NOTE: **D.O.T** .REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN.

LAST EMPLOYER: _____ POSITION HELD: _____

ADDRESS: _____

FROM: _____ TO: _____ REASON FOR LEAVING _____

2ND.LAST EMPLOYER: _____ POSITION HELD: _____

ADDRESS: _____

FROM: _____ TO: _____ REASON FOR LEAVING _____

3RD.LAST EMPLOYER: _____ POSITION HELD: _____

ADDRESS: _____

FROM: _____ TO: _____ REASON FOR LEAVING _____

4TH.LAST EMPLOYER: _____ POSITION HELD: _____

ADDRESS: _____

FROM: _____ TO: _____ REASON FOR LEAVING _____

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND ALL ENTRIES AND INFORMATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE