

Driving History Form

Institution Name:	
Employee/Student Name:	

Any staff member or student who may drive an institution owned or leased vehicle or their personal vehicle on institution business should answer the following questions.

1. Do you have a current and valid state driver's license in the state where the institution is located? Yes No
2. Has your driver's license been suspended/revoked in the past five years? Yes No
3. Does your license have any restrictions? Yes No
4. Have you been convicted of driving under the influence in the last seven years? Yes No
(If yes to questions 1-4, please explain on the second page of this form.)
5. Have you been convicted of the following violations in the past three years? (Check, if yes)

reckless driving/driving to endanger	failure to have vehicle under control
driving w/suspended/revoked license	improper passing/lane change/use
allowing unlicensed driver to operate vehicle	improper backing
fleeing a police officer	driving on wrong side of road
speed in excess of 20 mph over limit	driving 19 mph or under
racing on public highway	equipment violation/tires/lights/etc.
failure to stop for school bus	improper parking
leaving the scene of an accident	operating vehicle without insurance
disregard of red light/stop sign	passing through/around barrier
careless driving	seat belt violation
operating unsafe vehicle	failure to signal for direction/slowing
following too close	obstructed vision
failure to yield right-of-way	failure to pay traffic ticket
speed too great for conditions	improper enter/exit traffic way

(If yes to any of these questions, please explain on second page of this form.)

6. Number of accidents involved in during the past three years: _____
7. Number of accidents in which you were at fault during the past three years: _____
(Briefly describe the accidents on the back of this form.)
8. Are there any special accommodations you may require while driving a vehicle? Yes No
9. Are you 21 years of age or older? Yes No

I certify that the information provided on the first page of this form is correct. Any discrepancy in the information found through an MVR check could result in the complete suspension of all driving privileges. I further understand that the information will be compared to established criteria in determining my qualifications to drive on institution business.

Signature

Date

Print Name

Please utilize the space below for explanation of driving and conviction history as noted on the first page of this form.