

## Driving History Questionnaire Form 17-411b

**DRIVER'S INFORMATION** *(completed by driver on a Bi-Annual basis)*

Date Requested \_\_\_\_\_

Employee Name \_\_\_\_\_ Campus Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 of S.S.# \_\_\_\_\_

Dept. \_\_\_\_\_ Email \_\_\_\_\_

**DRIVING HISTORY**

- |   |     |    |
|---|-----|----|
| 1. Have you held a driver's license for the last 3 years?                                 | Yes | No |
| 2. During that time, have you driven at least 2,000 miles?                                | Yes | No |
| 3. During that time, have you driven these vehicles? (check all that applies)             |     |    |
| Auto                      Minivan                      Van                      4WD Truck |     |    |
| 4. Have you been convicted of any moving violations in the last 3 years?                  | Yes | No |
| 5. Was there an accident involved in your traffic violation(s)?                           | Yes | No |
| 6. Have you been in a vehicle accident while driving during the last 4 years?             | Yes | No |

If you answered "Yes" to questions 4, 5, or 6, please describe below:

Date	City/State	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Motor Vehicle Record checks may be conducted on staff and faculty if warranted by circumstances. Drivers are required to submit a new Driving History form 17-411b on a Bi-Annual basis. Drivers are responsible for notifying the Facilities office immediately of any change to their driver's license status in any state or country. Driver agrees to abide by the College's Fleet Vehicle Handbook policies and procedures (a copy can be found at: [www.ncstatecollege.edu/facilities](http://www.ncstatecollege.edu/facilities) as well as the NC State College's Property Use Policy (Assets/Property section 17-401 and 17-411 in College's policy and procedure handbook.)

I certify that all information provided above is correct and truthful and that I have read, understand, and agree to abide by the NC State College policy on the Operation of College Vehicles. I agree to immediately notify my supervisor of any change in my license status, or if my license is revoked or suspended during the year. I understand that violation of the College policy may result in loss of driving privileges and/or other disciplinary action. *You will be notified once your application has been approved.*

Driver's Signature	Date
Supervisor's Signature	Date
Facilities Manager Approval	Date

**RETURN COMPLETED FORM TO FACILITIES BUSINESS SERVICES OFFICE F-R**

DATE APPROVED \_\_\_\_\_ DRIVER LAST NAME, FIRST NAME \_\_\_\_\_ RENEW DATE \_\_\_\_\_