

DRIVER DATA FORM

- Grossmont College Contract Employee Update
- Cuyamaca College Hourly Employee New
- District Student or Volunteer

Human Resources advises that applicant:

- May drive cart
 - May drive District vehicle
 - May drive own vehicle
 - May drive cart only
 - May not drive for the District
- Human Resources (Initials) _____

INSTRUCTIONS: Per District Operating Procedure RM4, this form is required for all employees, and all students who drive for the District for any purpose. **Submit this form; attach the signed *Cart Safety Rules* (if driving a cart), a copy of your driver's license, and a copy of your proof of insurance card to the Human Resources Department.** Applicants may not drive for the District until authorized by Human Resources. Average approval time is approximately two weeks. You will receive notice via e-mail.

FULL NAME _____ Date of Birth _____
Print Clearly (Last) (First) (Middle)

ADDRESS _____
(Street No.) (City) (State) (Zip)

PREVIOUS ADDRESS _____ SOCIAL SECURITY NUMBER _____
(If other than shown on driver's license)

CA DRIVERS LICENSE NO. _____
 EXPIRATION DATE ____/____/____

CLASS A CLASS B CLASS C
 Verify _____ (Initials)
 DMV PULL Number _____

OTHER STATES WHERE YOU HAVE HELD A DRIVERS LICENSE:
 State ____ License Number _____

PLEASE FURNISH INFORMATION REQUESTED BELOW, OR WRITE "NONE." THIS INFORMATION IS SUBJECT TO REVIEW BY DMV.

LIST ANY CONDITIONS OR RESTRICTIONS SHOWN ON DRIVER'S LICENSE _____
 MOVING VIOLATIONS DURING THE LAST THREE YEARS (Type, Date, Disposition) _____
 AUTO ACCIDENTS DURING THE LAST THREE YEARS (Date, Disposition, Location) _____
 ON AVERAGE, HOW OFTEN DOES YOUR JOB REQUIRE YOU TO DRIVE WEEKLY? _____ ON AVERAGE, HOW MANY MILES DRIVEN PER WEEK? _____

DO YOU DRIVE YOUR PERSONAL CAR ON DISTRICT BUSINESS? YES NO

INSURANCE COMPANY NAME _____ POLICY # _____ EXPIRATION DATE _____ VERIFICATION _____ (Initials)

DEPARTMENT DRIVING FOR _____ SUPERVISOR NAME _____ WILL YOU DRIVE CART DISTRICT VEHICLE OWN VEHICLE

(Applicant Signature and E-mail Address) DEPT. _____ PHONE/EXT. _____

APPROVAL _____ DEPT. _____ PHONE/EXT. _____
(Supervisor Signature)