

DRIVER DATA FORM

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

Risk Management advises that applicant:

- May drive cart
- May drive District vehicle
- May drive own vehicle (insurance on file)
- May drive cart only
- May not drive for the District Risk Management (Init) _____

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 both copies of this form, the attached *Cart Safety Rules*, a copy of your driver's license, and a copy of your *proof of insurance card (if driving your own vehicle) to the Risk Management Department.** Applicants may not drive for the district until authorized by Risk Management. Average approval time is approximately two weeks. The yellow copy will be returned to the originating department.

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

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

PREVIOUS ADDRESS _____ SOCIAL SECURITY NO. _____
(If other than shown on driver's license)

CA DRIVERS LICENSE NO. _____

CLASS A CLASS B CLASS C

OTHER STATES WHERE YOU HAVE HELD A DRIVERS LICENSE:

EXPIRATION DATE ____/____/____

Verify _____ (Init)

State ____ License Number _____

Note: Drivers of vans must have Class B Drivers License

DMV PUL Number _____

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

LIST ANY CONDITIONS OR RESTRICTIONS SHOWN ON DRIVERS 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 IF YES, PLEASE PROVIDE PROOF OF INSURANCE.

INSURANCE COMPANY NAME: _____ POLICY # _____ EXP. DATE _____ VERIFICATION _____ (init.)

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

(Applicant Signature) DEPT. _____ PHONE/EXT. _____

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