

# Capital University

## Driving History Form

Employee/Student/Volunteer/Contractor Name:

\_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Capital University ID number \_\_\_\_\_ Department \_\_\_\_\_

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

1. Do you have a current and valid state driver's license? Yes \_\_\_ No \_\_\_
2. Has your driver's license been suspended or revoked in the past five years? Yes \_\_\_ No \_\_\_
3. Have you ever been refused a license? Yes \_\_\_ No \_\_\_
4. Does your license have any restrictions? Yes \_\_\_ No \_\_\_  
(e.g.: corrective lenses)
5. Have you been convicted of driving under the influence in the past five years?  
Yes \_\_\_ No \_\_\_ (If yes to questions 2-4, please explain on the second page of this form.)
6. Have you been convicted of any of the following violations in the past five years? (X if yes)

	Reckless Driving / Driving to endanger		Failure to Have a Vehicle Under Control
	Driving w/ Suspended / Revoked License		Improper Passing / Lane Change
	Fleeing a Police Officer		Driving on the Wrong Side of the Road
	Racing on a Public Highway		Improper Backing or Turning
	Failure to Stop for School Bus		Improper Parking
	Leaving the Scene of an Accident		Operating a Motor Vehicle Without Insurance
	Disregard for Red Light / Stop Sign		Passing Through / Around a Traffic Barrier
	Careless Driving		Seat Belt Violation
	Operating an Unsafe Vehicle		Failure to use Directional Signal
	Following Too Close		Obstructed Vision
	Failure to Yield Right-of-way		Unpaid Traffic Citations
	Excessive Speed for Road Conditions		Improper Enter / Exit of Roadway
	Speed in Excess of 20 mph Over Limit		Allowing Unlicensed Driver to Operate Vehicle
	Excess Speed in a Work Area		

(If you answered yes to any of the above questions, please explain on the second page of this form.)

7. Number of vehicle accidents you have been involved in during the past five years: \_\_\_\_\_

8. Do you require any special accommodation while driving a vehicle?      Yes \_\_\_\_ No \_\_\_\_  
(e.g.: special equipment)

9. Do you currently have points on your driver's license      Yes \_\_\_\_ No \_\_\_\_ If Yes how many

10. Are you 21 years of age or older?      Yes \_\_\_\_ No \_\_\_\_

I certify that the information provided on this form is correct. Any discrepancy in information found through a motor vehicle record check could result in the complete suspension of all driving privileges at Capital University.

I further understand the information will be used to establish criteria in determining my qualifications to drive on institutional business. I will notify my supervisor immediately if there is any change in my driving record.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Use space below to explain driving and conviction history as noted on page one of this form.