

WASHINGTON COLLEGE  
VEHICLE OPERATOR'S QUESTIONNAIRE

<b>Please Check One - REQUIRED:</b> <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT <input type="checkbox"/> GRAD ASST <input type="checkbox"/> OTHER (specify): _____	<b>College ID # (REQUIRED):</b> _____	<b>Name of Department/Club Driving for and Budget # (REQUIRED):</b> _____
<b>Driver's License Number:</b> _____		<b>State:</b> _____
<b>Expiration Date:</b> _____		
<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>M.I.:</b> _____
<b>Home Address (Include Street or PO Box, if address is different than license, please explain below):</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____
<b>Date of Birth (MM/DD/YYYY):</b> _____		<b>Cell Phone #:</b> _____
<b>During the past TWO years, have you:</b>		
1. Been charged with Driving under the Influence or Driving while Intoxicated? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Been charged with any moving violations? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Been the cause of any vehicle accident? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Had your license to drive suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Have you ever been involved as a defendant in any lawsuits as a result of your operation of a vehicle?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>IF YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN BELOW:</b> _____ _____		

I hereby authorize and permit Washington College to obtain any information pertaining to my driving history records.

To the best of my knowledge, the information provided is truthful and correct. I, hereby authorize release of all motor vehicle records maintained on me for the past three years. I understand these records will be reviewed annually to determine my eligibility to drive college vehicles and a copy of this record will be on file in the Washington College Transportation Office.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date

**FLEET OPERATIONS SAFETY POLICY ACKNOWLEDGMENT FORM**

I hereby acknowledge that I have received and read a copy of the Fleet Operations Safety Policy. I agree to comply with the policies and procedures contained in the policy.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's Name (Print)