Mott Community College Driver Information Form

LICENSE INFORMATION

1. Name ____________________________  Driver’s License #: ____________________________
2. Address ____________________________  Expiration Date: ____________________________
                                            ____________________________
Is this address current: Yes ☐  No ☐  Endorsement: ____________________________
3. Date of Birth _________________________  How long have you had a valid U.S. driver’s license? ________ Years

DRIVER HISTORY (All questions MUST be answered)

1. Have you been involved in any accidents in the past three (3) years?  Yes ☐  No ☐  How many? ________
2. Have you been found guilty or pleaded no contest to any of the following violations? Please state how many times for each violation.
   a. Hit and run (leaving the scene of any accident) ☐  ☐  ________
   b. Driving under the influence of alcohol or drugs ☐  ☐  ________
   c. Any felony, homicide or manslaughter involving the use of a motor vehicle ☐  ☐  ________
   d. Racing or excessive speeds (20 mph or more over limit) ☐  ☐  ________
   e. Speeding (less than 20 mph over speed limit) ☐  ☐  ________
   f. Reckless, negligent or careless driving ☐  ☐  ________
3. Has your license been suspended or revoked in the past three (3) years?  Yes ☐  No ☐  ________
   If yes, list violation: ____________________________

Driver Acknowledgement:
To the best of my knowledge, all the above statements are true. I currently hold only one (1) driver’s license whose number and state of issuance appear above. I understand that providing false information on this form or misrepresentation of the facts could lead to termination of my employment with Mott Community College. I promise to inform my supervisor and the Athletic Director of any accidents in which I am involved, and any moving violation, which I receive, promptly upon their occurrence and prior to the operation of any Mott Community College vehicle.

________________________________________  ____________________________
Signature  Date

Please bring this form and your current driver’s license in person to the Athletics Department.