



Drivers History & Employee License Questionnaire

Name: _____

Today's Date: _____

Permanent Address: _____

City, State, Zip: _____

Permanent Telephone: _____

Local Address: _____

City, State, Zip: _____

Local Telephone: _____

Driver's License Number: _____

Issuing State: _____ Exp. Date: _____

Copy in File: Yes No

Please Note:
Any fines or traffic/
parking violations
are the responsibility
of the employee.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1.) Is your driver's license valid? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2.) Have you been in a traffic accident where alcohol or drugs were involved? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3.) Have you received a ticket for either a moving violation or have been the cause of an accident? If Yes, where was the location. _____ |
| _____ | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4.) Within the past 12 months, have you received a moving violation or parking ticket while driving a University vehicle? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5.) Do you have any points of your driver's license? If Yes, please explain _____ |
| _____ | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6.) Are you familiar with all Michigan and local traffic ordinances? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7.) May we have your permission to check your past driving record |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8.) Have you ever driven a van? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9.) Have you ever driven a vehicle with manual transmission (stick shift)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10.) Are you comfortable driving a vehicle with manual transmission in congested areas? |

I _____, give permission to Western Michigan University Auxiliary Enterprises to check with the State of Michigan (or issuing state) on my past and current driving record. Upon any suspension of my driving privileges during my time of employment, I will inform my employer immediately. Any falsification could lead to immediate dismissal.

Signature: _____ Date: _____

Supervisor's
Signature: _____ Date: _____

Check completed Yes No Date: _____