

Capital University

Driving History Form

Employee/Student Name: _____

Drivers License # _____ State _____ Expires _____

Any staff member 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 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. Are there any special accommodations you may require while driving a vehicle? Yes ___ No ___
(e.g.: special equipment)
9. Do you currently have points on your drivers license Yes ___ No ___ If Yes how many _____
10. Are you 21 years of age or older? Yes ___ No ___

11. I will be driving a University vehicle and have completed the online Van Driving Program on _____
(Call the Public Safety Office 6504 for program information) Mth/Yr

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 the Public Safety Office immediately if there is any change in my driving record.

Signature Date

Print Name

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