

CONTROL #

LEHIGH UNIVERSITY TRANSPORTATION SERVICES DRIVER INFORMATION FORM

E-Mail:

@lehigh.edu

LICENSE INFORMATION

Please print EXACTLY as your driver's license.

1. Name _____ 2. Address: _____

3. Date of Birth: ____/____/____ Age ____

4. Driver's License #: _____ State ____

Expiration date: ____/____/____ Class _____

Is this address current?

No Yes

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? No Yes 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)?
- | | No | Yes | How many? |
|--|--------------------------|--------------------------|-----------|
| a. Hit and run (leaving the scene of any accident) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Driving under the influence of alcohol or drugs | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Any felony, homicide or manslaughter involving the use of a motor vehicle | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. Racing or excessive speeds (20 mph or more over limit) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| e. Speeding (less than 20 mph over speed limit) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| f. Reckless, negligent or careless driving | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
3. Has your license been suspended or revoked in the past three (3) years? No Yes _____
4. Have you been found guilty or pleaded no contest to any other moving violations in the past three (3) years? No Yes What violation(s) _____

Check One: Faculty Staff Student Check one: Full time Part Time Other

I expect to drive approximately _____ Miles/Year. Local Phone #: _____ Cell Phone #: _____

Department Name: _____ Supervisor's Name: _____

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 Lehigh University. I promise to inform my supervisor and the Transportation Services Department 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 Lehigh University vehicle. Should my driver's license be suspended, I will immediately inform my supervisor and will NOT operate any Lehigh University vehicle during the suspension period. I authorize Lehigh University to investigate and receive information in regard to my driving records from various states, local and federal agencies.

Signature

Date

Please bring this form and your current driver's license in person to the Transportation Services at 126 Goodman Drive.

TEST ID #

TEST ACCOUNT #