

HAMPSHIRE COLLEGE ANNUAL DRIVER LICENSE AND RECORD UPDATE

Name: _____	Date: _____
-------------	-------------

Department*: _____	Campus Address: _____
--------------------	-----------------------

Campus Phone #: _____	Home or Cell Phone #: _____	E-mail: _____
-----------------------	-----------------------------	---------------

Age: _____ <i>Drivers must be 18 or older.</i>	Date of Birth: ____/____/____	*If you are a student, indicate what student orgs or activities you would be usually driving for.
---	-------------------------------	---

Driver's License: State: _____ # _____ Year Issued: _____ Expiry Date: ____/____/____
If you have multiple licenses, you must list them all. Use additional page if necessary. Drivers must have a current, valid U.S. license at least one year to qualify as a driver.

Have you had, in the past twelve (12) months, any license suspended or revoked or been refused a driver's license? If yes, please explain, including when and where:

Number of accidents, tickets, or citations for moving violations in the past three years: _____
 If any, please explain the nature of the violation(s) or accident(s) including when and where (*this includes accidents with College vehicles or on College property*) on a separate sheet.

In the past three years have you paid a citation for, or been convicted of the following? Check all as applicable.

Yes No Operating without a license?
 Yes No Reckless driving, or driving to endanger / Engaging in a speed contest?
 Yes No Hit & Run / Failure to stop at the scene of an accident you were involved in / Leaving the scene of an accident?
 Yes No Driving under the influence of alcohol or drugs?
 Yes No Vehicular homicide / assault with a vehicle / Use of vehicle in commission of a felony?
 Yes No School bus stopping / flag violations?

If "yes" to any of these questions, please explain in detail including when and where on a separate sheet.
 If you have had any of these violations in the past 3 years (conviction or paid citation) you will not be eligible for driver credentialing.

Attach a photocopy of your license(s). *This is an insurance company requirement.*

Have you successfully completed a Defensive Driver Training Course in the past five (5) years? Yes No
 If yes, please describe (*use separate sheet if necessary*):

Have you ever been denied permission to drive a Hampshire College vehicle or received a formal notice of concern or warning regarding your driving for or at the College? Yes No
 If yes, please explain (*use separate sheet if necessary*):

Driving Frequency – Please check one of the categories below to indicate how often you drive on College business, whether driving College owned or leased vehicles, rented vehicles or my personal vehicle:

My job is to drive vehicles carrying passengers or materials for the College
 Regularly – 3 or more times a week,
 Frequently – once a month or more, up to twice a week
 Occasionally – less than once a month or for an occasional short period, as at a conference

By signing this application, I hereby certify that the information provided above, and as may be attached, is true. Providing false information may result in disciplinary action including termination. I agree to abide by all terms and conditions, rules and regulations as may be on the reverse of this application, and as may be provided to me by the College or any of its employees or representatives, whether in writing or verbally. **I authorize Hampshire College or its representative or agent to request Motor Vehicle or Driving Records as needed for the license(s) listed above, without limitation.**

Signature _____ Date ____/____/____

READ AND SIGN THE REVERSE SIDE OF THIS APPLICATION FORM

OFFICE USE ONLY	Hampshire Fleet Orientation / Safety Class <input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewed by: _____	Date ____/____/____
Date ____/____/____	Vehicle Safety Policy provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to drive: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Copy of Driver's License attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Denial: _____	Motor Vehicle Record attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

DISCIPLINARY ACTION TAKEN/ WITHDRAWAL OF APPROVAL TO DRIVE A COLLEGE VEHICLE

Reason for revocation of approval: _____ (attach extra sheets if necessary)

Employee may apply or reapply for approval after (date) ____/____/____.

Driver Agreement to Terms, Conditions, Rules and Regulations

I understand that driving a College vehicle, rented vehicles, my vehicle or other vehicles on behalf of the College is a privilege, not a right. The College reserves the right to remove or deny privileges from any student or employee at its sole discretion for accidents or violations involving College owned or rented vehicles, or to use guidelines that are stricter than the insurance company's in deciding to authorize drivers. The safety of my passengers, pedestrians and others is my highest priority. Accordingly, I agree to obey the following rules, regulations, terms and conditions for driving on College business and familiarize myself with and follow the College's policies and procedures for vehicle use. I agree that I will, at all times:

1. Have a valid driver's license on my person while driving.

ADHERE TO THE FOLLOWING TERMS OF USE

2. Use College vehicles for authorized business only.
3. Not permit any unauthorized person to drive the vehicle. Unauthorized drivers may be personally liable for any accident or loss.
4. Operate the College vehicle in accordance with College regulations, as may be provided to me in writing or verbally, and know and observe all applicable traffic laws, ordinances and regulations.
5. Not transport unauthorized passengers such as hitchhikers. Not transport any alcohol (unless specifically permitted and licensed, e.g. dining or conference services), drugs, or other contraband in any College vehicle.
6. Not drive the vehicle "off road" unless it is appropriate and authorized for that use.

FOLLOW THESE MINIMUM SAFETY REQUIREMENTS

7. Use seat belts or other available occupant restraints and require all occupants to use seat belts or occupant restraints, in accordance with state laws and not operate the vehicle unless all occupants are wearing the appropriate restraints. I will not permit total occupancy to exceed the number of seat belts.
8. Use safe driving principles, practices and techniques at all times.
9. Not drive under the influence of drugs or alcohol. I will not drive if I am using a medication that impairs my judgment, reflexes or alertness.
10. Turn the vehicle off, remove the keys, and lock the vehicle when it is left unattended.
11. Not drive the vehicle at speeds that are inappropriate for road conditions.
12. Not use a cell phone or any other device in any way when the vehicle is moving. If the driver must make or take a call or text message, the vehicle must be safely stopped and secured (parked), before using a cell phone. This applies equally to "hands free" cell phones, PDAs, etc. I will not engage in other distracting behavior.
13. Before leaving the parking area or garage, particularly with a rental vehicle or a vehicle that you do not ordinarily drive, be reasonably satisfied that the following parts and components are in good working order:
 - Service Brakes
 - Parking Brakes
 - Lights/Reflector Devices
 - Tires
 - Horn
 - Windshield Wipers/Washers
 - Rear-Vision Mirrors

Report any defects immediately to the fleet coordinator to determine if the vehicle is safe to operate before driving the vehicle.

PERFORM REQUIRED ADMINISTRATIVE RESPONSIBILITIES

14. Report all accidents or traffic violations involving a College vehicle or while driving on College business to the fleet coordinator and other offices as directed, according to College policy.
15. Immediately report any changes in my license status (such as points, suspension or revocation) and any other at-fault accidents that occur whether or not I am driving on College business to the Assistant to the VP of Finance and Administration, and accept suspension of driving privileges if applicable.
16. Personally assume responsibility for any and all fines or traffic violations associated with my use of a College vehicle or privately-owned vehicle used on College business.
17. Agree and accept that failure to follow driving rules may result in temporary or permanent suspension of driving privileges, or have more serious consequences.

College policies and procedures for vehicle use and what to do in case of an accident are on the following web sites:

<http://www.fivecolleges.edu/sites/riskmgmt/auto/> & <http://www.fivecolleges.edu/sites/riskmgmt/accidents/> .

Please note: Departments will be responsible for deductibles incurred for "at-fault" accidents by department members. An "at-fault" accident or other violations of this agreement may result in revocation of driving privileges or other disciplinary action.

Signature _____ Date ____/____/____

Name Printed: _____

You may wish to keep a copy of this form for your personal records.