



DRIVER QUALIFICATION FORM

NAME _____ BIRTH DATE _____

ADDRESS _____

TELEPHONE # _____

◆ Certification

You must have a driver's license that is valid in the U.S. and be at least 19 years old to drive the cars and mini-vans and 25 years old to drive the 12-passenger vans.

DRIVER'S LICENSE # _____ EXPIRATION DATE _____

DRIVER'S LICENSE STATE _____

◆ Experience

How many years have you been driving? _____ How many miles per year? _____

Location: Rural _____ Urban _____ Interstate _____ Mountains _____

Did you haul passengers? _____ If yes, how many passengers did you haul? _____

In what road conditions have you driven? Dry _____ Wet _____ Snow _____

What type of vehicles have you driven? Small cars _____ Large cars _____ Mini-vans _____

Large vans _____ Buses _____ Trucks: Large _____ Small _____ Other equipment _____

Other comments:

◆ Driving record & health questions

Have you had auto insurance refused, cancelled, or expired? Yes No

Have you had a suspended or revoked operator's license in the past five years? Yes No

Have you ever been arrested and detained? Yes No

Do you take any medications that may cause drowsiness? Yes No

Do you have any physical impairments? Yes No

Do you have _____ heart disease _____ epilepsy _____ diabetes? Yes No

If so, list the medication(s) prescribed:

How long has the problem been controlled medically?

Have you, while driving a motor vehicle, been involved in an accident during the past 10 years? Yes No

List all accidents regardless of who was at fault and the dates they occurred.

Have you received any speeding or other traffic violation tickets in the past three years? Yes No
If yes, please list the date(s) and violation(s)

◆ **Important information for drivers of EMU vehicles:**

- There is emergency information in the sun visor pouch in each vehicle.
- There is an accident report form in the glove compartment in the vehicle that should be completed in the event of an accident.
- You will find the vehicle insurance card and the vehicle registration card in the glove compartment.
- **Before moving the vehicle make sure all passengers have seatbelts securely in place. You as the driver are responsible for the safety of all passengers and vehicles.**

I confirm the above to be true and valid statements regarding my driving record. I will notify the Facilities Management Office if there is a change in my driving record or health condition that affects my qualification to drive.

SIGNATURE _____ DATE _____

12-PASSENGER VAN TRAINING

I request van driver's training and orientation with EMU's Fleet and Equipment Coordinator and will call him to set up an appointment at 432-4389.

SIGNATURE OF VAN TRAINEE: _____

DATE: _____

For van trainer:

NAME _____ has received training and orientation

on (date) _____ and [IS or IS NOT] approved to operate EMU vans.

SIGNATURE OF TRAINER: _____

DATE: _____