

**MOUNT UNION COLLEGE  
FLEET DEPARTMENT – PHYSICAL PLANT  
DRIVER APPLICATION FORM**

**In order to qualify for driving privileges at Mount Union College, the following form must be completed. By completing this application, it is understood that the College will request a Motor Vehicle Record (MVR) which verifies that the applicant has a valid operator’s license and a detailed satisfactory driving record. The MVR will be utilized as part of the evaluation process in qualifying or denying individuals the privilege of operating a college-owned or leased vehicle.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Operator’s License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Issuing state: \_\_\_\_\_ Social Security #: \_\_\_\_\_

If licensed less than three (3) years in the current state, list previous state(s) in which licenses held:

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|--|-----------|----------|
| 1. Has your operator’s license or registration ever been suspended or revoked?   | _____ Yes | _____ No |
| 2. Have you had any motor vehicle accidents during the past three (3) years?   | _____ Yes | _____ No |
| 3. Have you had any driving violations (other than parking) in the past three (3) years?   | _____ Yes | _____ No |
| 4. Do you have any license restrictions or limitations such as mental or physical disability which will affect driving?  | _____ Yes | _____ No |
| 5. Do you have any convictions on your record for driving under the influence of alcohol or drugs, or other major traffic violations such as reckless operation, hit/skip, driving under suspension, or fleeing from a police officer in the past three (3) years? | _____ Yes | _____ No |
| 6. Have you had your license for less than 1 year?   | _____ Yes | _____ No |

Please give details of any “Yes” answer in the space below. Attach separate page(s) if necessary:

**I certify that I have read and understand the driver certification and training requirements and that the information on this form is true and that nothing asked for has been omitted. I understand that the information is being requested to assist in determining fitness to operate college-owned or leased vehicles. I understand that any false statement or omitted information will be grounds for denial of driving privileges at Mount Union College. I also certify that I have read, understood and will comply rules and regulations of the Mount Union College Fleet Policy.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date