

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 #