

APPLICATION FOR DRIVING PRIVILEGES

This application form must be completed by any individual who will be driving on Gannon University business and must be approved by the Human Resources Department.

Last Name		First Name		MI	Date of Birth		Date of Hire	
Position Title			Department			Driver's License No.		State
Current Address (Street, City, State, Zip Code)							How long?	
Most Recent Former Address (Street, City, State, Zip Code)							How long?	
Type of vehicle you will be driving: <input type="checkbox"/> University Vehicle <input type="checkbox"/> Personal Vehicle								
Type of travel: <input type="checkbox"/> Athletic Team <input type="checkbox"/> Student Activities <input type="checkbox"/> Academic/Classroom <input type="checkbox"/> Other (describe) _____								
Have you ever had a license, permit, or privilege to operate a motor vehicle denied, revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, please detail the facts and circumstances of each denial, revocation or suspension below. Use an attached sheet if more space is necessary								
Date		Location			Explanation			
Date		Location			Explanation			
Please detail the dates, facts and circumstances of your Accident Record for the past three years below. Use an attached sheet if more space is necessary.								
Date		Type of Collision			Injuries		Fatalities	
Date		Type of Collision			Injuries		Fatalities	
Date		Type of Collision			Injuries		Fatalities	
Date		Type of Collision			Injuries		Fatalities	
List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted during the 10 years preceding the date on which application is submitted.								
Date		Location			Explanation			
Date		Location			Explanation			
Date		Location			Explanation			
Have you ever been convicted or pled no contest to a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, please detail the nature of the offense, date, court, and description:								

This certifies that I completed this application and that all entries and information contained within are true and complete to the best of my knowledge.

I understand that if, as part of performing my duties as an employee of Gannon University, I am required to drive a University vehicle, or my own vehicle while in the scope and course of my employment, Gannon University and/or its insurers will investigate and verify the status of my driver's license and my driving record/history upon completion of this form and periodically thereafter. I therefore authorize Gannon University and/or its insurers to obtain information regarding the status of my driver's license and my driving record/history from the applicable governmental agency maintaining driver records for the state or other jurisdiction that issued my license. This authorization shall remain in full force and effect throughout my employment unless I revoke it by notifying Gannon University in writing.

Furthermore, I understand that the unauthorized use of University vehicles for personal use is prohibited.

Applicant's Signature

Date