



Employee/Student Driver Application & Authorization

Section 1 : Automatic Disqualifiers : has not attained 20 years of age less than 2 yr driving experience with unrestricted license junior / probationary/ court restricted/ international driver's license operating under influence last 3 years vehicular homicide/assault drag racing offense felony involving a vehicle driving with suspended/revoked license hit/run accident eluding police in motor vehicle speeding violations last 3 yr preventable accidents last 3 yr seat belt violations last 3 yrs

Section 1. Not Applicable to Applicant

Section 2: Applicant's Personal & License Information Student Employee _____
Department

Name _____ DOB _____ Age: _____
Must be 20 yr

Home Address: _____ Application Date: _____

State: _____ License No. _____ Type: _____ Date Issued: _____ Expires: _____

State: _____ License No. _____ Type: _____ Date Issued: _____ Expires: _____

Section 3 : Disclosure, Authorization, & Consent to Permit Review of Your Department of Motor Vehicle Report (MVR)

In connection with hiring decisions, terminations, and conditions of employment, all individuals with driving duties at Manhattan College are subject to an initial and periodic review of their Department of Motor Vehicle Reports (MVR's), for the three (3) period preceding their application and continuing throughout their tenure. This rule applies to all employee/student applicants, and all current employee/student drivers. In the event the College plans to act on negative information found in the MVR report, the College will provide you with a copy of the report and a summary of your rights under the Fair Credit Reporting Act. Your signature in this section of the application authorizes Manhattan College and or its agents, including but limited to our insurance company, to obtain a copy of your MVR report. This information shall be kept confidential.

Applicant's Signature Date

Section 4: Mandatory Defensive Driving Certification

I completed the New York State Defensive Driving Safety Course on _____.

Certificate Attached

Applicant's Signature Date

Office Use

Requested Department of Motor Vehicle Records on : _____ State/s _____

Record Review Completed on : _____ (see attached DMV Report)

Application Approved : _____

Application Denied (date/reason) : _____

Approval by : _____ Title: _____ Date: _____

Dept Driver Vehicle Coordinator