

ETBU OFFICIAL DRIVER CERTIFICATION

Name _____ Today's Date _____

Sponsor _____ Sponsor's Position _____

Position: (check one) Full-time Employee Part-time Employee Student Other

(explain) _____ DOB _____

Drivers License # _____ State of Issue _____

License Type _____ (Attach a photocopy of License - Front and Back)

Will you be transporting students? Yes No

Do you have personal auto insurance coverage? Yes No

If yes, do you have \$100,000/300,000/100,000 liability limits? Yes No

(If so, please provide a copy of your certificate.)

Driving Record: Please indicate in the following space any major or minor traffic violations received during the last **three** years.

MAJOR	NUMBER OF VIOLATIONS
Driving while intoxicated or under the influence of drugs.	
Failure to stop and report accident involvement.	
Homicide/assault while operating a vehicle.	
Driver's license suspended, revoked, cancelled or barred.	
Violation of Open Container Law.	
Possession of alcohol or drugs.	
Motor vehicle theft.	
Manslaughter or vehicular homicide.	
Carrying a concealed weapon.	
Felony use of a motor vehicle.	
Careless/reckless driving.	
Drag racing or participating in speed contests.	
Speed in excess of 10 mph over the limit.	
MINOR	
Speed equal to or less than 10 mph over the limit.	
Moving violation resulting in filing of evidence of Financial Responsibility.	
Altered license or unlawful use of license or permit.	
Driving on the wrong side of the road or in the wrong direction.	
Any passing violation.	
School bus or school zone.	
Failure to yield at intersection, stop sign or traffic device.	
Failure to yield to emergency vehicle.	

*It is very important that accurate information be provided. **Falsification of these records could result in termination of employment and/or loss of future driving privileges.**