



Part 1 is required for **all** employees or a volunteer driving a district-owned vehicle.

Part 1 and 2 are required if an employee is driving their personal vehicle for business purposes (field trips, conferences, etc. Note: Volunteers driving their own vehicle must use Private Driver Application

This form must be submitted annually

EMPLOYEE DRIVER APPLICATION (Part 1)

For School Year 20__/20__

Site/Department _____ Driver Name _____

District Requirements

Gateway Unified School District acknowledges the need for responsible drivers to provide transportation services for school activities and related business. To ensure that transportation services will be provided in a safe, efficient and cost effective manner, all drivers must comply with the following requirements:

1. The driver must be at least age 21 to drive for business purposes and age 25 if transporting students, possessing a valid California driver's license, and have been continuously licensed for a minimum of 3 years.
2. Driver must be free of any medical condition that may affect his/her ability to operate a vehicle.
3. No alcohol or drugs will be consumed prior to, or while operating the vehicle.
4. The number of passengers shall not exceed the capacity for which the vehicle was designed.
5. No one may transport more than nine passengers plus the driver in any vehicle.
6. Transportation is limited to District business and/or transportation of students and approved chaperones for educationally based activities, sports and field trips.
7. All occupants must wear seat belts whenever the vehicle is in motion.
8. All students who are less than 8 years of age or under 4'9" tall must be properly secured in a rear seat in a child passenger restraint system meeting applicable federal motor vehicle safety standards.
9. The use of cell phones, walkmans, pagers or other electronic devices while driving is prohibited.
10. Smoking a pipe, cigar or cigarette/electronic cigarette in the vehicle is prohibited.
11. The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations in accordance with federal, state and local laws. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.
12. Driver must have an acceptable driving record as determined by the GUSD policy. The GUSD reserves the right to require a current K-4 Drivers Record and/or accident reports for determination of driver eligibility.
13. If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.

I CERTIFY THAT I HAVE READ THE ABOVE REQUIREMENTS AND THAT I AM IN COMPLIANCE WITH THEM.

Signature _____
Name (Print) _____
Address _____
Home Phone _____

Date _____
Date of Birth _____
License# _____
License Expiration Date _____
Cell Phone # _____
Email _____

ATTACH

1. Copy of California Drivers License
2. Current K-4 Drivers Record if you are a volunteer driving a district vehicle or an employee not currently enrolled in the DMV Pull Program
3. Authorization for Release of Driver Record Information (DMV Form INF 1101) if you are an employee (N/A if not enrolled in DMV Pull Program)
4. Part 2 of application including evidence of insurance if driving an employee owned vehicle

For District Use Only

Approved Driver _____
Date _____ (Designated District Official)

Retain original signed form in school file after approval.

Driving Record:

Please review the Driving Record Table below to see if the driver meets the criteria of an Acceptable Driver.

Minor Violations (within past 3 Years) include any moving violation that is not a major/serious violation as shown in this Table. <i>(Examples of minor violations include, but are not limited to speeding, failure to yield, illegal passing, stop sign/light violation, improper turn, following too close, any other moving violation where DMV points are assessed).</i>				
Number of Minor Violations Within Last 3 Years	Number of At-Fault Accidents Within Last 3 Years			
	0	1	2	3 or more
0	Acceptable	Acceptable	Borderline	Unacceptable
1	Acceptable	Acceptable	Borderline	Unacceptable
2	Acceptable	Borderline	Unacceptable	Unacceptable
3 or more	Unacceptable	Unacceptable	Unacceptable	Unacceptable
License Suspension or Revocation (within past 3 Years)				Unacceptable
Major/Serious Violations (within past 5 Years)				Unacceptable
<ul style="list-style-type: none"> • Failure to stop in the event of an accident (Hit and Run) • Driving under the influence of alcohol or drugs or with open container • Refusing to take a substance/chemical test • More than one dismissal of a conviction relating to controlled substances • Reckless/Careless Driving • Homicide or Manslaughter or using vehicle in connection with a felony • Evading a Peace Officer or resisting arrest • Driving the wrong way or in the incorrect lane on a divided highway • Driving in excess of 100 mph • Racing/Speed contests • Passing a stopped school bus 				

For District Use Only:

Approved Driver	_____
Date:	(Designated District Official)
<i>Retain original signed form in school file after approval.</i>	

EMPLOYEE DRIVER APPLICATION (Part 2)

Required for employees using their private vehicle for business purposes.

For School Year 20__/20__

Site/Department _____ Driver Name _____

VEHICLE INFORMATION

Name of Owner	_____	Description of Auto	
Address	_____	Year	_____
	_____	Make	_____
Telephone	_____	Number of Seatbelts	_____
		License Plate No.	_____
		Registration Expiration	_____
		Number of Booster/Child Restraint Seats, if applicable	_____

INSURANCE INFORMATION

Driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to the vehicle. When driving a personal vehicle while on GUSD business and involved in an accident, by law your liability insurance policy is used first. The GUSD liability policy would be used only after your policy limits have been exceeded. The GUSD does not cover, nor is it responsible for comprehensive and/or collision coverage to your vehicle.

Minimum Personal Automobile Liability Limits Required

Bodily Injury \$100,000 each person OR Combined Single Limit \$300,000 each occurrence
\$300,000 each occurrence
Property Damage \$ 50,000 each occurrence

Auto Insurance Company _____ Policy No. _____
Expiration Date of Policy _____

Liability Limits: Bodily Injury \$ _____ each person
\$ _____ each occurrence
Property Damage \$ _____ each occurrence
~ OR ~
Bodily Injury and Property Damage Liability, Combined Single Limit
\$ _____ each occurrence

As the registered owner, I certify the above insurance information is correct. I understand I must have liability insurance coverage in force and agree to advise the GUSD, in writing, of any changes in the above information. I further certify that to the best of my knowledge, the above vehicle is mechanically safe. If an accident occurs, my auto liability policy is primary and used first for losses or claims for damage. The GUSD does not cover, nor is it responsible for, comprehensive and collision (physical damage) coverage to my vehicle.

Signature _____

Name (Print) _____ Date _____

For District Use Only

Approved Driver and Vehicle _____
Date _____ (Designated District Official)

Retain original signed form in school file after approval.



EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

SECTION 1 — DRIVER INFORMATION

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, Gateway Unified School District (GUSD) COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) §1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY COUNTY STATE
Redding Shasta CA
DATE SIGNATURE OF EMPLOYEE
X

SECTION 2 — AUTHORIZED REPRESENTATIVE CERTIFICATION

I, Kristen Best/Colette Wilson, of Gateway Unified School District AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC §1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code §118) and false representation (CVC §1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC §§1808.45 and 1808.46.

EXECUTED AT: CITY COUNTY STATE
Redding Shasta CA
DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at dmv.ca.gov/otherservices, or by calling 916-657-6346.

PLEASE RETAIN AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MAKE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.