

# DRIVER QUESTIONNAIRE



One Angwin Avenue  
Angwin, CA 94508

Human Resources  
(707) 965-6231  
(707) 965-6400 FAX

## PERSONAL INFORMATION

Full Name:

\_\_\_\_\_

Last

First

Middle

Home Address:

\_\_\_\_\_

Street Address

Apartment/Unit #

\_\_\_\_\_

City

State

Zip Code

Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

College Address:

\_\_\_\_\_

Street Address

Apartment/Unit #

\_\_\_\_\_

City

State

Zip Code

PUC Faculty  PUC Staff  PUC student  Other: \_\_\_\_\_

Department: \_\_\_\_\_

## DRIVER INFORMATION

Driver's License number: \_\_\_\_\_ State licensed in: \_\_\_\_\_

Other states licensed in for previous 3 years: \_\_\_\_\_

PUC:  Utility  School bus  Auto  Semi-Tractor  School van

Other: \_\_\_\_\_

Department you will be driving for: \_\_\_\_\_

Number of miles driven annually (*personal use only*): \_\_\_\_\_

List all citations and any accidents in the last 3 years (*please give details*):

Date: \_\_\_\_\_ Cite/Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Cite/Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Cite/Accident: \_\_\_\_\_ Location: \_\_\_\_\_

Signature

Date

**Please submit copies of the following documents with this questionnaire:**

Driver's license  Personal vehicle registration  Auto insurance

Current DMV Driver Record Request\*

\*California DMV Driver Record Requests can be obtained by clicking on "Online Services" at <http://www.dmv.ca.gov/portal/home/dmv.htm>