

**THE RICHARD STOCKTON COLLEGE OF NEW JERSEY
ANNUAL DRIVER'S LICENSE VERIFICATION AND SELF DISCLOSURE FORM**

Only employees of The Richard Stockton College of New Jersey, with valid driver's licenses, are authorized to operate college-owned vehicles, as only they are afforded protection under the New Jersey Tort Claims Act. Any individual who is on The Richard Stockton College of New Jersey payroll is considered an employee, including student workers who have driving responsibilities within their job descriptions. An employee's use of a college vehicle must be within the scope of their employment and for official college business only. Personal use of college vehicles is not permitted.

NAME:	
Z NUMBER:	
HOME ADDRESS:	
HOME PHONE NUMBER:	
EMAIL ADDRESS:	
DEPARTMENT:	
DEPARTMENT SUPERVISOR:	
DRIVER'S LICENSE TYPE:	
DRIVER'S LICENSE NUMBER:	
STATE OF ISSUANCE:	
EXPIRATION DATE:	
<i>Type of vehicle(s) to be driven (check all that apply)</i>	<input type="checkbox"/> 15-Passenger Van <input type="checkbox"/> Car <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Regular Van <input type="checkbox"/> GEM <input type="checkbox"/> CDL Truck/Bus
<i>Please check the applicable statement (Only employees and student workers are permitted to drive a college-owned vehicle.)</i>	<input type="checkbox"/> I am a Stockton employee or Student Worker <input type="checkbox"/> I am <u>not</u> a Stockton employee or Student Worker

I understand that by submitting this form, along with a clear photocopy of my current driver's license, I authorize The College to obtain an abstract of my driving history. Further, I understand that if my abstract is found not to be in good standing, and/or if I am found to not have a valid

driver's license, I will not be allowed to drive any college vehicle, regardless of my specific job requirements.

Further, I understand that I must immediately (within 3 days – or before the use of a college vehicle) disclose to the college all moving violations that occur between the annual driver's license checks.

Employee Signature

Date Submitted

PLEASE ATTACH A CLEAR PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE TO THIS FORM