

**SWARTHMORE COLLEGE
VAN DRIVER INFORMATION**

Date: _____

Name: _____ Social Security #: _____

Date of Birth: _____ Graduation yr. (if student): _____

Permanent Address: _____

Residence Hall: _____ Phone: _____ E-Mail: _____
(If a student)

Dept. & Supervisor for whom you will drive: _____
(This must be filled in.)

Driver's License #: _____ State: _____ Exp. Date: _____

Have you ever had auto insurance declined, canceled, or been refused renewal? _____ If yes, explain:

Have you been involved in an accident during the past three years? _____ If yes, please list below including the date, the city and state, and a brief description of each accident.

Have you ever been convicted of any traffic violations? _____ If yes, list below.

<u>Date</u>	<u>City, State</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your driver's license ever been revoked, suspended or restricted? _____ If yes, explain: _____

Number of years driving: _____ Do you have any physical impairments? _____ If yes, explain:

All driver record information will be verified. All information requested above must be complete in order to be processed.