

# Application for Driving Privileges

(Please print)

Completion and approval of this application must be completed seven (7) days prior to vehicle use.

Full Name: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Start Date of Employment: \_\_\_\_\_

School / Sport: \_\_\_\_\_

Type of travel (check one): Athletic Team \_\_\_\_\_ Student Activities \_\_\_\_\_

Academic/Classroom \_\_\_\_\_ Other (please describe): \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (ST) (Zip)

Former Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (ST) (Zip)

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended? Yes \_\_\_\_ No \_\_\_\_ If YES, give facts and circumstances of each denial, revocation or suspension in detail:

| Date  | Location | Explanation |
|-------|----------|-------------|
| _____ | _____    | _____       |
| _____ | _____    | _____       |

Accident Record for past 3 years or more (attach sheet if more space is needed).

*Dates*      *Head-on, Rear-end, Upset, etc.,*      *Fatalities*      *Injuries*

Last Accident: \_\_\_\_\_

Previous: \_\_\_\_\_

Previous: \_\_\_\_\_

List all violations of motor vehicle laws or ordinances (other than parking violations) of which you were convicted during the 10 years preceding the date on which application is submitted.

| <b>Date</b> | <b>Violation</b> | <b>Location</b> |
|-------------|------------------|-----------------|
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**All drivers who transport students or drive a School District of Ashland vehicle must be in compliance with School District of Ashland’s Vehicle Safety and Use Procedure. (If you are not familiar with this procedure, please obtain one from the District Office or from the School District of Ashland’s intranet site.)**

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This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

**I grant School District of Ashland and School District of Ashland’s insurance company permission to investigate and verify my driving history through the WI Department of Transportation.**

Furthermore, I understand that the use of School District of Ashland vehicles for personal use is prohibited. I also understand that employees are responsible for operating Board-owned vehicles and potentially hazardous equipment in a safe and prudent manner and therefore, employees are prohibited from using WCDs while operating such vehicles or equipment. In the interest of safety for both Board employees and other drivers, employees are required to comply with all applicable laws while driving.

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(Applicant’s Signature)

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(Date)