

DIVISION OF MOTOR VEHICLES DRIVER RECORD AUTHORIZATION

I, _____, hereby authorize the Fauquier County Government to gather any and all information concerning my current and past driving record. I certify that I have read, am in compliance with, and fully understand The Fauquier County Government Driver Safety Program Policy. I further understand that a Motor Vehicle Records report will be obtained once each year, and more often as requested, and that the results gathered will be used solely to determine my eligibility to drive vehicles owned by the Fauquier County Government, as well as personal vehicles on County business. I agree that the operation of motor vehicles on County business is a privilege and not a right and understand that this privilege may be suspended or revoked at any time for any reason deemed appropriate by Risk Management. I also agree not to operate any vehicle without a valid permit. I also certify all information submitted to the Fauquier County Government concerning my driving record is accurate. I understand that violation of these policies will result in disciplinary action up to and including termination of employment.

Employee's Signature

Date of Birth

Driver's License Number

State

Employee's Name (Print)

DRIVER SAFETY RULES

1. All accidents must be reported immediately to your supervisor and to Risk Management .
2. Drinking, possession of intoxicating liquor, drugs in County or personal vehicle used for County business, or reporting for work while under the influence of alcohol or drugs is prohibited.
3. Complete safety check of vehicle and equipment must be made before leaving the facility.
4. All personal vehicles used for County business will have an up-to-date safety inspection sticker.
5. Driver must be in possession of a valid operator's license at all times when operating County vehicles.
6. The carrying of unauthorized passengers is strictly prohibited.
7. Driver must make certain that cargo in his/her vehicle is properly loaded and secured at all times.
8. A periodic check of equipment while en route shall be made, and all mechanical defects noted for remedial action upon termination of trip.
9. If injured, no matter how slight the injury may appear, immediately report the incident to the Department Head/Risk Management.
10. Driver shall observe all rules and regulations for safe driving as specified by the County.

I have read, understand, and will abide by the Driver Safety Rules of Fauquier County.

Employee Signature

Date

Witness