

Staff/Faculty

Hourly

*Please Print Your Name Exactly As It Appears On Your Driver's License*

Instructor/Department:

Driver's License No.:

Class License:

Name

Phone No.:

**LAST****FIRST**

Address/City

Date of Birth:

**Month/Day/Year**

1. List **ALL** citations for the last three years. (Disregard parking citations).
2. List **ALL** accidents during the last three years. Describe accident, date, what city, were police called, how accident occurred, etc. (Use other side if needed).

The above information is true and correct to the best of my knowledge and I authorize Rio Hondo College to verify my records with the college's insurance carrier and/or Department of Motor Vehicles if necessary. Attach copy of your CDL.

Signature

Date

*Please Return To Facilities Services,*