

Motor Vehicle Usage Policy Driver Acknowledgement Form

Before operating a vehicle for STLCOP business or activities, employees and contractors of the College must complete this form to certify that they are qualified to safely operate College-owned/leased/rented vehicles. Employees and contractors of the College will annually complete the Driver Acknowledgement Form and file it with Human Resources.

By signing this form, I certify that I am qualified to safely operate a vehicle for College business or activity. I specifically certify the following (please initial on each line):

- I have read and agree to follow the St. Louis College of Pharmacy [Motor Vehicle Usage Policy](#).
- I have completed the [Driver Safety Awareness Training](#) program in Moodle.
- I have completed a motor vehicle reference check release and understand that the College may run that check annually or more frequently without any additional consent.
- I currently hold a valid license for operating a motor vehicle.
- If required by my driver's license, I agree to use vision correction measures while operating the vehicle.
- I agree to abide by all state, county, and city traffic ordinances and laws while operating the College-owned/leased/rented vehicle.
- I agree to be responsible for any fine that is incurred while operating the vehicle, unless it is found that the College has neglected to maintain general upkeep or responsibility.
- I do not have pending charges or convictions within the last year for any of the following offenses, and I agree to immediately notify my supervisor, the Office of Human Resources, and the Office of College Services should I be charged with one or more of these offenses:
- Driving While Intoxicated
 - Driving While Suspended/Revoked
 - Leaving the Scene of an Accident
 - Refusal to take a chemical test for intoxication
 - Aggressive Driving/Careless and Imprudent
 - Exceeding the speed limit by more than 19 MPH
- I agree to notify my supervisor, the Office of Human Resources, and the Office of College Services immediately upon license suspension, revocation, or expiration.
- License same as last year, License changed from last year

Current Driver License # State Expiration Date:

Printed Name Signature Date

Completed Driver Acknowledgement Forms; notifications of citation, charges, or convictions; and questions or concerns should be submitted to HR. fax: 314-446-8125, email: hr@stlcop.edu