

VEHICLE SAFETY POLICY

Appendix A

POTENTIAL DRIVER ACKNOWLEDGEMENT

Read and complete the information below, check the appropriate boxes and return to Risk Management. (This form may be completed using Qualtrics. Contact Risk Management for appropriate link.)

- I have read the USI Vehicle Safety Policy and understand the requirements described for the use of a USI vehicle and agree to follow this policy. Furthermore, I acknowledge that, as cited in the USI Employee Handbook, USI may take disciplinary action, up to and including termination, against any employee for failing to adhere to certain standards of behavior.

- I also understand that if I use a USI vehicle for any personal activities as described by this policy, I may be required to pay for any claims that may arise from this use.

- I have a current and valid driver's license (or CDL if required).

- I have been a licensed driver for _____ years.

- I have completed the required Defensive Driver Training on _____.

- I have completed the required Golf/Utility Cart Safety Training on _____.

Full Name on License _____ Date of Birth _____
(Please Print)

Current Physical Residential Address: _____
Street (Please Print)

City (Please Print) _____ State _____ Zip Code _____

Driver's License Expiration Date _____ Driver's License Restrictions _____

USI ID Number _____ Employee Student

Email Address (USI Preferred):

For what Department/organization will you be driving? _____

Supervisor Name _____ Supervisor Email _____

Potential Driver Signature _____ Date _____