

STARS APPLICATION FORM

Driver Applicant must read & sign the following Disclosure/Authorization & Release

Disclosure of Intent to Procure Consumer Reports:

- In accordance with the University of Mary Hardin-Baylor’s driving policies, UMHB will conduct Motor Vehicle Records checks for all personnel who operate university vehicles.
- The Fair Credit Reporting Act (FCRA) protects consumers and provides them with rights with respect to consumer reports. Therefore, an authorization form must be signed by each applicant that will allow UMHB to conduct driving record checks.
- UMHB will not use this authorization to obtain any credit or financial information about you, nor does this authorization permit UMHB to use the consent in such a manner.

Authorization & Release to Obtain MVR Information:

Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the University of Mary Hardin-Baylor to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history.

By signing below, I consent to and authorize the gathering of this information by UMHB and those whom UMHB has engaged to request and obtain this information. I hereby release and hold harmless any person, firm, or entity, including Insurance Information Exchange (iiX), that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by iiX or its agents.

I understand and acknowledge that this release of information may assist UMHB to make a determination regarding my suitability as a driver. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my relationship with UMHB reports may be ordered periodically during the course of said relationship.

Driver Applicant Name (printed)		Age	
Driver Applicant Signature		Date	

THIS SECTION TO BE COMPLETED BY THE DRIVER APPLICANT’S SUPERVISOR

Department		Dept. Budget #	
**** DEPT. BUDGET # IS REQUIRED – BUDGET TO WHICH DRIVING RECORD WILL BE CHARGED ****			
Type/Status	<input type="checkbox"/> New Driver <input type="checkbox"/> Re-instate Driver <input type="checkbox"/> Change Driving Level		
Category	<input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part-time Employee <input type="checkbox"/> Adjunct <input type="checkbox"/> Student <input type="checkbox"/> Student Worker <input type="checkbox"/> Graduate Student <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Volunteer – <i>Human Resources Agreement Required</i> Date: _____		
Duration	<input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer <input type="checkbox"/> Indefinite (FTE & PTE only)		
Driving Level	<input type="checkbox"/> 1: Sedan, Pickup, Mini-Van, SUV & Cart <input type="checkbox"/> 3: Towing (describe experience below) <input type="checkbox"/> 2: 15 Passenger Van & Cart <input type="checkbox"/> 4: Cart Only		
<input type="checkbox"/> Supervisor must verify that – for Level 1 & 2 qualification - the Driver Applicant: <ul style="list-style-type: none"> ○ <i>Has a minimum of two (2) years driving experience (one year for campus only).</i> ○ <i>If applying for towing qualification Applicant has substantial experience.</i> ○ <u>Describe towing experience:</u> 			
<input type="checkbox"/> Supervisor must ensure that all personnel to drive cart(s) receive orientation for the type of cart(s) to be driven.			
Supervisor Name (printed)		Date	
Supervisor Signature		Phone#	

Attach a copy of the Applicant’s driver license. Copy must be legible with add dates/numbers visible.

Mail or deliver the ORIGINAL form (do not email or fax) to Campus Police / Box 8350 / Mabee 107.