



Rio Hondo College
Facilities Services
Driver Application



Staff/Faculty

Hourly

Please Print Your Name Exactly As It Appears On Your Drivers License

Instructor/Department:

Drivers License No.:

Class License:

Name

Phone No.:

LAST

FIRST

Address/City

Date of Birth:

Month/Day/Year

- List **ALL** citations for the last three years. (Disregard parking citations).
- 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.

Signature

Date

Please Return To Facilities Services, MT102.