



# County College of Morris

## SUPPLEMENTAL DRIVING INFORMATION

Please print or type all information.

Dept./Div: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

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### DRIVER LICENSE INFORMATION



State	Driver's License Number	Type	Expiration Date
	/ /		

**\*NOTE: PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR DRIVER'S LICENSE.**

DO YOU CURRENTLY POSSESS A C.D.L.? IF SO, WHAT ENDORSEMENT(S)?  
HAVE ANY LICENSES OR PERMIT/PRIVILEGES BEEN SUSPENDED? Yes No  
(If yes, specify in detail and attach a separate sheet if necessary)

This form is intended to provide supplemental information for a general employment application and is not intended to meet D.O.T. requirements.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee is required to notify the College of any changes of driver license status.

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Risk Management: \_\_\_\_\_ Granted / Denied  
By \_\_\_\_\_ Date \_\_\_\_\_  
DDC \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_