WASHINGTON COUNTY
DRIVING RECORD NOTICE AND AGREEMENT

Employee Name (print): _____ Employee # _____

Department _____ Position # _____ Classification _____

☐ Possession of a valid driver's license and acceptable driving record **is required** of my position. I must maintain a valid Oregon Driver's License and acceptable driving record or if I reside in the state of Washington, I must maintain a valid Washington Driver's License and acceptable driving record. I must notify my supervisor the next business day that I work, of any violation of the Driver's License and Record Policy, or the Vehicle and Equipment Use Policy

☐ Possession of a valid driver's license and acceptable driving record is **not required** of my position; however, I may be asked or may choose to drive as part of my duties. If I drive a vehicle on County business, I must maintain a valid Oregon driver's license and acceptable driving record; or if I reside in the state of Washington, I must maintain a valid Washington driver's license and acceptable driving record. I must notify my supervisor the next business day that I work, of any violation of the Driver's License and Record Policy.

Please fill out completely if you checked either box above:
My driver's license number and state of issue is: #_____ Class _____ State _____
Issue Date _____ Expiration Date_____ Birth date _____
I possess vehicle liability insurance with limits no less than required by Oregon law: ☐ Yes ☐ No

☐ Possession of a valid driver's license and acceptable driving record **is not** required of my position. I agree **not** to drive any vehicle on County business.

☐ Possession of adequate personal vehicle insurance is required by Oregon state law. I do not have adequate vehicle insurance and will not drive my personal vehicle on Washington County business.

I understand that driving a vehicle for County business is dependent upon my having and maintaining a valid Oregon or Washington driver's license and an acceptable driving record. If I drive my personal vehicle on county business, I must also have vehicle liability insurance as required by Oregon law. I understand that my driver's license and driving record will be verified. I also understand that if my position does not require driving and I choose to drive, I shall not drive on County business until I have been notified that my driver's license and driving record are acceptable.

I have read and understand the Washington County Driver's License and Record Policy located on the County's website at http://county/indices/depts/sup_serv/hr/hum_res.htm and the Vehicle Use Policy located on the County's website at http://county/indices/depts/sup_serv/fleet/fleet.htm.

I understand that violations of this agreement, the Driver's License and Record Policy or the Vehicle and Equipment Use Policy may be cause for disciplinary action up to and including termination.

_____ _____
Employee Signature Date

OFFICE USE ONLY

_____ Date Entered/Deleted in DMV database _____Entered/Deleted by

_____ Date Entered/Deleted from WISARD _____Entered/Deleted by

_____ Date Driving Record Run _____Run by

_____ Date to Personnel File _____Suspension Date

Adopted 9/27/2013