

### NEISD DRIVER'S LICENSE CHECK FORM

PLEASE **CIRCLE** THE APPROPRIATE LETTER AND COMPLETE THE FOLLOWING:

**A. New Employee:** You just started working with North East during the \_\_\_\_\_ school year.

**B. Transfer Employee:** You have previously worked at another North East location and have just recently transferred to your new school/department. Please indicate your previous work location.

\_\_\_\_\_  
**Previous School Department**

**C. Current Employee – New Driver:** You have already been working at your school/department, but only recently have begun driving in the course and scope of employment.

**NOTE: INFORMATION GIVEN BELOW MUST MATCH DRIVER'S LICENSE  
\*\*PLEASE PRINT CLEARLY\*\***

School/Department \_\_\_\_\_

Driver's Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(Month) (Day) (Year)

Driver's License Number \_\_\_\_\_  
(Show state and all digits)

Drives District Vehicle  Yes  No

Drives Own Auto in Course  
and Scope of Employment  Yes  No

I authorize North East ISD to obtain my motor vehicle record to verify my driving record. I understand that my record will be verified at the District's discretion in accordance with the adopted driving policy and point system. I also understand that if any time my record does not meet the District's requirements, I may be counseled and reassigned to a non-driving position.

\_\_\_\_\_  
Signature of Employee (Driver)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Class (Certified, Classified, Auxiliary, Etc.)

\_\_\_\_\_  
Title

**\*\*\*Return form and attach copy of current driver license to Risk Management**