



Diocese of Victoria
Applicant Request for Driving Check**

Legal Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ (month) _____ (day) _____ (year) Phone Number: _____

Texas Driver's License Number: _____ Expiration Date: _____

Name of Parish or School that will utilize you as a driver for parish owned vehicles or trailers:

_____ City: _____

Please submit a copy of your license with this application.

License Restrictions (Example: "A" With Corrective Lenses):

Please read and initial the following eight (8) statements:

- _____ 1. I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my ministry involvement.
- _____ 2. I give complete permission for the Diocese of Victoria to conduct a driving record check for the purposes of my employment or volunteer services.
- _____ 3. I understand and agree that information provided above will be held confidentially by the Diocese of Victoria. The Diocese of Victoria uses a third party provider to conduct driving record checks. Other than this provider, I understand my driving record will be held in the strictest confidence and will not be shared with any other entity including my employer and/or volunteer organization without my written consent.
- _____ 4. I understand that I can withdraw from the application process at any time.
- _____ 5. I understand that this application DOES NOT meet the Safe Environment requirements for working with and/or transporting children and youth. For further Safe Environment information, please contact your parish or school.

- _____ 6. I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application.

- _____ 7. I understand that a drug test could be required 24 hours after an accident; results are to be submitted directly to the Diocese of Victoria’s Business Office marked Personal and Confidential ATTN: Business Manager.

- _____ 8. I authorize investigations of all statements contained in the application.

Do not sign until you have read and initialed the above statements.

I understand that the following minimum standards for **unacceptable drivers** include, but are not limited to, drivers who, in the past seven years, have one or more of these serious violations:

- a. Driving under the influence of alcohol or drugs
- b. Hit and run
- c. Failure to report an accident
- d. Negligent homicide arising out of the use of a motor vehicle
- e. Operating during a period of suspension or revocation
- f. Using a motor vehicle for commission of a felony
- g. Operating a motor vehicle without owner’s authority (grand theft)
- h. Permitting an unlicensed person to drive
- i. Speed contest

**A Motor Vehicles Record check will be performed every three years.

- a. Drivers are required to notify the parish/school if there is any change in driving record (i.e. moving violations) during the three-year period. Please use Form MOV1, available online at www.victoriadiocese.org, under tab “**Safe Environment**” click on “**Transportation Policy**”, the **Moving Violation Form** is under the heading Documents on the left of the webpage, as well as in the Forms section of this document.

My signature indicates that I have read and understand the above initialed statements contained in this application.

Applicant Signature: _____ Date: _____