

VAN DRIVER APPLICATION (STUDENT)

UCLA OFFICE FOR STUDENTS WITH DISABILITIES

A-255 MURPHY HALL, BOX 951426, LOS ANGELES, CA 90095-1426

Tel: (310) 825-1501

Fax: (310) 825-9656

STUDENT IDENTIFICATION AND ACADEMIC INFORMATION

Name _____ Date _____
Address _____ G.P.A. _____
_____ Major _____
Phone _____ Expected Grad. Date _____
Student ID _____ Email address _____

DRIVING RECORD AND INFORMATION

Regular Driver's License (Class C) Commercial License (Class B)

Date Issued _____ Expiration Date _____

Have you ever been convicted of a DUI? Yes No If yes, please explain

Have you ever been terminated from a job? Yes No If yes, please explain

Have you ever been convicted of a crime? Yes No If yes, please explain

Please list driving citations and infractions (other than parking tickets), during the past 5 years.

*We require a DMV Driving Record Print Out prior to offer of employment.

What are your experiences of working with people with disabilities?

WORK AVAILABILITY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

HOW MANY HOURS A WEEK ARE YOU ABLE TO WORK?

DO YOU CURRENTLY WORK IN ANOTHER CAMPUS DEPARTMENT?

IF SO, WHERE AND HOW MANY HOURS A WEEK?

DO YOU HAVE COLLEGE WORK STUDY?

EMPLOYMENT HISTORY

JOB TITLE	PLACE OF EMPLOYMENT	RESPONSIBILITIES

PLEASE LIST THREE REFERENCES

NAME	RELATIONSHIP	PHONE NUMBER

My signature attests that all above statements are true

Date