**District 1199C Training & Upgrading Fund (TRAINING FUND)**

**Health and Technology Training Institute (HTTI)**

Driver Motor Vehicle Review Policy

March 23, 2018

We are instituting a driver safety policy to ensure employee safety while operating motor vehicles on TRAINING FUND/HTTI business. The policy mandates annual safe driver checks and assurances that we will not use cell phones or mobile devices while driving. It covers when staff visit outside locations (outside of their normal work location,) attend meetings, teach and participate in any events as requested by, or for, TRAINING FUND/HTTI. It covers all employees when we operate any motor vehicle for work. This mandatory policy covers the following:

* Anyone using a vehicle leased or rented by TRAINING FUND/HTTI
* Anyone operating a personal motor vehicle in connection with TRAINING FUND/HTTI business
* Anytime an employee uses a personal cell phone or any mobile device on or for TRAINING FUND/HTTI business
* Anytime the employee uses a cell phone or any mobile device owned or leased by TRAINING FUND/HTTI.

*The policy has two parts:*

**Part One:**

We will be collecting information annually about employee driving records, violations, license, and insurance. If you ever use a vehicle for company business, we will be collecting and compiling this in the next month and every year hereafter. We will need initial information by April 15, 2018.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be contacting you to get copies of the information we need.

1. Signed Fair Credit Reporting Act Disclosure statement (attached)
2. Copies of your auto insurance
3. Copies of your Driver’s License

We will use this information to get your annual Motor Vehicle Record reviews (MVRs)

You will not be allowed to use a motor vehicle on company business if you have your license suspended between the annual review or if driving your personal vehicle, your insurance is expired or canceled.

**Part Two:**

**You may not, *under any circumstances,* use a cell phone or a mobile device while operating any motor vehicle on TRAINING FUND/HTTI business. You may not answer a call, whether ‘hands free’ or not; you may not text, check your calendar or email; check the web, skype, or perform any action on a cellular device while driving. If you need to use or answer a cell phone, pull over and stop driving. If you need to adjust your phone GPS, pull over and stop driving. You will be required to sign a document attesting to your agreement with this policy to be able to use a motor vehicle for any TRAINING FUND/HTTI business, work or assignment.**

**Thank you for helping us all stay safe!**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Motor Carrier Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

AddressCity State Zip Code

In accordance with the FAIR CREDIT REPORTING ACT, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize the above named company to obtain a consumer report on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Driver’s Name)Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Driver’s Social Security Number)Applicant’s Signature

**District 1199C Training & Upgrading Fund**

**Health & Technology Training Institute**

Driver Motor Vehicle Review Policy

I have read and received a copy of this policy.

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest that none of the following apply to me:

* More than 2 moving violations over the past two years
* Any conviction for DUIs
* Any ‘at-fault’ accident within the last two years
* Any ‘hit and run’ or ‘leaving the scene of an accident’ events.

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_