

**KENDALL COUNTY, ILLINOIS
VEHICLE USE ACKNOWLEDGMENT**

Employee's Name: _____ **Job Title:** _____ **Department:** _____

Driving is an essential function of this employee's job: Yes ☐ No ☐

SAFE DRIVING REQUIREMENT: I must operate any vehicle I use on behalf of Kendall County, Illinois ("County") in a safe, responsible manner and in compliance with the law. I understand that I am subject to disciplinary action up to and including termination of employment for improper use of a vehicle and/or any other violation of County policies while operating a vehicle in the scope of my employment.

PHYSICAL CONDITION: I have no physical or mental condition that may impair my ability to drive. If my condition changes such that my ability to drive may be impaired, I will notify my supervisor immediately.

MOTOR VEHICLE LICENSE: I am currently licensed to drive a motor vehicle in Illinois. Both sides of my current driver's license are attached to this form. I will promptly notify my supervisor if my license is withheld by any police authority, suspended, revoked or expired. **I understand that driving is an essential function of my job. I must promptly report any changes in my ability to drive (e.g., moving violations, DUI's, suspensions, etc.) to my supervisor, or I may be subject to discipline (up to and including termination) if I do not do so.**

INSURANCE COVERAGE REQUIREMENTS: Pursuant to the County's Safe Driving Policy, employees required to use their own vehicle on County business must have auto insurance with at least the following coverage: \$25,000 for injury or death of one person in an accident; \$50,000 for injury or death of more than one person in an accident; and \$20,000 for damage to property of another person. Also, the defense and indemnity by the County will be, in all cases, secondary to the policy coverage mentioned above. I agree to maintain auto insurance with at least the coverage amounts set forth above for all personal vehicles that I use to drive while performing my duties for the County. I agree to promptly notify my immediate supervisor if I am unable to maintain auto insurance with at least the minimum coverage amounts set forth above. If I fail to do so, I may be subject to disciplinary action up to and including termination of employment.

ACCIDENTS AND TRAFFIC CITATIONS WHILE OPERATING A COUNTY VEHICLE: I shall report any accident involving a County vehicle in my care immediately to the local police. As soon as possible, I will notify my supervisor. I will complete all insurance forms promptly, accurately and completely. I will report any traffic citation or parking ticket I receive while using a County vehicle to my supervisor as soon as practical. I understand that I am personally responsible for any traffic or parking files that I may incur while driving on County business.

I am 18 years of age or older. I have read and fully understand the above Vehicle Use Acknowledgment form.

Print Driver's Full Name

Driver's Signature

Date

Driver's License Number

State

☐ ***A copy of both sides of my driver's license is attached to this form.***