

Driver Application

Effective year _____

Driver's name _____
Last First MI

Driver's license number _____

State of Issue _____ Expiration date _____

Current address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Birth date _____ Social Security no. _____

Type of license

- Operators
- Commercial (CDL)
- Chauffer
- Other (please specify)

Describe any medical conditions that could affect your ability to safely transport students or adults.

Date of your last physical _____

List any medications you currently take that could potentially impair driving ability.

Have you been convicted of any moving violations in the last five years?

Yes No If yes, please describe each conviction.

Do you have any restrictions or endorsements on your driver's license?

Yes No If yes, please list those restrictions or endorsements.

Have you been involved in any motor vehicle accidents in the last seven years?

Yes No If yes, please give the date and briefly describe each accident.

Have you been convicted of a DUI, or had your license revoked or suspended in the past 10 years?

Yes No If yes, please provide complete details.

Do you carry personal auto insurance?

Yes No If yes, please identify the insurance company and policy #.

Does our church or ministry have any reason to be concerned about your ability to be a responsible and careful driver?

Yes No If yes, please briefly describe.

I certify that all the information on this application is truthful and completely accurate. I agree to notify the church within 14 days of any changes in any of the above information. I authorize the church to verify this information with the Department of Motor Vehicles and to check references on my driving.

By signing, I agree to abide by safety procedures established by the church and abide by all laws.

Signature _____ Date _____

Print name clearly _____

Please attach a photocopy of your current driver's license and insurance card to this form.

Office Use Only

CDL Checked Yes No Date _____

Checked by _____

Insurance Card Checked Yes No Date _____

Checked by _____

Approved to drive

Date _____