



VANPOOL DRIVER APPLICATION

This application will be used to establish your eligibility as an operator of a public transit vanpool. The information you provide helps us assure you, your Vanpool group, and the public that standards of safety and accountability are maintained. We appreciate your cooperation and interest in our Vanpool program.

Driver applicants must answer all questions. Return completed application to your Vanpool program representative.

Application for (circle): Driver Backup-up Driver Bookkeeper

1. Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
Years/Months at this address: _____
If less than 2 years, previous address: _____

2. Do you have a current and valid Washington State Driver's License?
Yes _____ No _____
If not, please explain: _____

How long have you had a driver's license? Years/Months: _____
Driver's License Number: _____
Expiration date: _____ Date of birth: _____

Are there any restrictions on your driver's license? Yes _____ No _____
If restricted, state type (including vision) and date of restriction:

Have you ever had your driver's license suspended, revoked, or refused? Yes _____ No _____
If so, please explain: _____

Have you ever been involved in an auto accident when you were the driver? Please explain the circumstances of the collision(s) including date and who's at fault.

Did you receive a traffic citation (ticket)? Yes _____ No _____

3. Name of your automobile insurance company:

Has an insurance company ever refused, cancelled, not renewed, or given notice of intention to refuse automobile insurance to you? Yes _____ No _____

If yes, list company and agent's name and phone:

Indicate which (circle): Cancelled Refused Non-renewal

Date: _____ Reason: _____

4. Current job title: _____ Employer: _____

Work address: _____

Supervisor's phone number: _____

In the last year, how many times have you been late to work? _____

In the last year, how many times have you had to work overtime? _____

How long have you worked for this employer? Years _____ Months _____

5. Have you ever been required by the State to file evidence of Fiscal Responsibility (SR22)?

Yes _____ No _____

If yes, please explain: _____

I hereby grant permission for GCTA to request information to obtain a credit, insurance, medical, or job history report or other documentation they require. I understand that this information will be kept confidential.

Signature: _____ Date: _____

I have read and agree with the stated terms for Driver Selection and Driver Functions.

Signature: _____ Date: _____