

DRIVER / ALTERNATE DRIVER APPLICATION

Name: _____
please print all information
 Home Address: _____
 City: _____ ST: _____ Zip: _____
 How long have you lived at this address?: Yrs: ____ Mos: ____
 Home Telephone: (_____) _____
 E-mail: _____
 Age*: _____ Date of Birth: _____ / _____ / _____

***Applicant must be at least 25 years of age**

Check one: Driver Alternate Driver Spouse
 Route #: _____
 Name of Primary Driver: _____

EMPLOYER INFO

Your Employer: _____
 Employer Address: _____
 _____ Mail Code: _____
 City: _____ ST: _____ Zip: _____
 Work Telephone: (_____) _____
 Employee ID#: _____

DRIVING HISTORY

Do you currently have a valid and unrestricted driver's license in your state of residence? Yes No

License Number: _____ State: _____

License Expiration Date: _____ / _____ / _____

How long have you had a driver's license*?

Years: _____ Months: _____

***Minimum 5 years licensed driving experience**

How many miles do you drive per year? _____

Have you ever had your automobile driver's license or privileges suspend, revoked, or refused? Yes No

Date: _____ / _____ / _____

If yes, please explain:

Have you ever been convicted of driving while intoxicated or under the influence of drugs? Yes No

Date: _____ / _____ / _____

If yes, please explain:

Has any insurance company ever refused, cancelled, refused to renew, or given notice of intention to cancel for any type of automobile insurance? Yes No

Date: _____ / _____ / _____

Name of Insurance Co.: _____

If yes, please explain:

Return this form by mail or fax. If additional space is needed please detail on a separate sheet.

Have you, as driver, been involved in any motor vehicle accidents of any type or cause during the past 3 years? (if more than one, detail on separate sheet): Yes No

Date: _____ / _____ / _____ Time: _____

Who was at fault?: _____

Type of Violation: _____

Bodily Injury? Yes No

Describe Accident:

How many cars do you own? _____

Do you have automobile insurance for your personal vehicle? Yes No

Have you driven a van? Yes No

Can you provide off-street parking for the van at your home? Yes No

Is there anything that would interfere with your ability to drive? Yes No

If yes, please describe:

AUTHORIZATION

I hereby authorize The Rideshare Company to verify my employment and to obtain my Department of Motor Vehicle driver report. Also, I understand I will be asked to show satisfactory driving ability to operate a passenger van.

I declare that the information given above is true and complete to the best of my knowledge and belief.

I acknowledge that I have read the Driver Agreement and agree to observe all the regulations and responsibilities herein.

Signature: _____

Date: _____

*This form MUST accompany the Driver Agreement Form.