



DRIVER / ALTERNATE DRIVER APPLICATION

APPLICANT INFORMATION

Name: _____
please print all information
 Home Address: _____ Apt: _____
 City: _____ ST: _____ Zip: _____
 How long have you lived at this address? Yrs: ____ Mos: ____
 Home Telephone: (____) _____
 e-mail address: _____
 Age*: _____ Date of Birth: ____ / ____ / ____
***Applicant must be at least 21 years of age**

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

EMPLOYER INFO

Your Employer: _____
 Employer Address: _____
 _____ Mail Code: _____
 City: _____ ST: _____ Zip: _____
 Work Telephone: (____) _____ ext: _____
 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: ____ / ____ / ____
mm dd yy
 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 suspended, 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: _____

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(s)?
 Yes No
 Have you driven a van?
 Yes No How long? _____
 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 therein.

Signature _____

Date: ____ / ____ / ____

Return this form by mail or fax