

**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 25 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 herein.**

Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Return this form by mail or fax**