

Ride Connection Driver Application
(PLEASE PRINT ALL INFORMATION CLEARLY)

Provider/Agency: _____

Will driver be driving: Agency Vehicle Privately Owned Vehicle Combination of Both

Driver Type: Volunteer Driver Paid Driver

Driver Identification:

Name of Driver: _____ Date of Birth: _____

Address: _____

Phone#: _____

Current Driver's Licenses:

State	License Number	Type or Class	Original * Issue Date	Expiration Date

**Show original issue date if license is a renewal. If OR license was originally issued less than five years ago, please list previous license # and state of issue.*

Do you have any license Restrictions? YES NO

If yes, please describe:

Insurance: (For Drivers Using Their Own Vehicles)

Driver's Insurance Company: _____ Policy Number: _____

Name of Insurance Agent: _____ Name of Insured: _____

Driving Experience:

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

Do you have experience driving vehicles larger than a standard passenger vehicle? YES NO

If yes, please describe:

(Over)

Driving Record:

Has your driver’s license ever been suspended or revoked? YES NO

If yes, explain why, when and how long. Use an additional sheet if more space is needed.

Have you ever had any traffic violations or convictions? YES NO

Have you ever been involved in any accidents? YES NO

If yes, complete the following for each violation, conviction or accident:

Date	City/State	Description	Type of Vehicle	Fatalities/Injuries	Fine, Penalty or Property Damage

Acknowledgement:

I am in good physical and mental health to safely operate a motor vehicle for the purpose of transporting Ride Connection customers. If my physical or mental health changes I will immediately inform my program manager. If I am taking any medication, now or in the future, I will check with my pharmacist about the advisability of driving, and inform my transportation manager when appropriate.

I understand that my position requires (or may require) me to operate a Ride Connection vehicle or my own vehicle to transport passengers for Ride Connection (or on company business). I understand that Ride Connection and the insurance company writing its automobile insurance require copies of my Motor Vehicle Record (MVR). I also understand that I have a right to see a copy of my MVR.

I understand that my position requires a criminal background check (which may include fingerprinting). I understand that my employer will request my permission prior to obtaining a criminal background check and will notify Ride Connection when I have passed the required check.

The statements made and information given in this application are true. Ride Connection and its insurance company have my permission to obtain my Motor Vehicle Record as required and forward a copy to my employer.

Driver

Signature _____ **Date** _____

NOTE: Please attach any additional information that you feel would be useful in determining your qualifications for placement, as a special needs transportation driver.