This application will be used to establish your eligibility as a driver of a public transit vanpool. The information you provide helps us assure standards of safety.

Application for (circle):  Driver  Backup-up Driver

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_______

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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):

Date: ________________  Reason: ____________________________________________

Cancelled   Refused   Non-renewal

Work address: ________________________________________________________________
Supervisor’s phone number: ___________________________________________________
How long have you worked for this employer?  Years _______  Months _______
Email address: ________________________________________________________________

I hereby grant permission for JTA 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: ____________________________