JEFFERSON TRANSIT
VANPOOL DRIVER APPLICATION

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 _____

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):   Cancelled   Refused   Non-renewal
Date: _____   Reason: _____

4. Current job title: _____ Employer: _____
   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: _____