

Date Completed

DDC _____ Van Orientation _____ Abstract of Driving Record _____

Intercity Transit Community Van Operator Application

Intercity Transit is committed to maintaining the highest standards of safety and accountability. The information in this application will help us establish your eligibility as a Community van driver.

Name: _____ Home phone: _____

Work phone _____ Address _____

_____ Do you have a current and valid Washington

State Drivers License? Yes: ____ No: ____ Expiration date:

_____ Driver's license number: _____ Are there any restrictions on your license?

_____ State type of restriction: _____

Have you ever had your privileges to drive suspended, revoked or refused? _____

If so, please explain: _____

Have you ever been required by the State to file evidence of Fiscal Responsibility (SR22) yes ___ No ___

Current job title _____ Employer _____

Work Address _____

Supervisor's name _____ Supervisors Phone _____

Work Hours _____ How long with this employer?

_____ Name of your automobile insurance company: _____

Policy number _____ Agents name and phone

_____ Has an insurance company ever refused, canceled, not renewed or given notice of intention to refuse automobile insurance to you? ____ yes ____ no If yes, list company's and agents name and phone.

Agents name and phone _____

Date and reason _____

Do you have any condition which may or does result in physical or mental impairment? (for example, but not limited to, sight in only one eye, missing limbs, deafness, paralysis, convulsive or seizure disorder epilepsy, blackouts, ect.) Yes____ No____ If yes, please identify name or nature of

Condition _____ Date of onset of last attack _____

Years of driving with condition _____ Driving aids _____

Have you ever been convicted of driving while intoxicated or under the influence of drugs Yes____ No _____

If yes, explain (date, charge ,jurisdiction, ect.) _____

Indicate all driving violations or citations (other than parking) that you have been convicted of, or forfeited bail or paid fines for during the past three years. Please give full details including dates below. If more space is needed use a separate sheet of paper _____

Name of group you will be driving for: _____

Have you driven a van before? Yes____ No _____ Can you provide off-street parking? Yes____ No _____

Are you willing to drive for other groups? Yes _____ No ____ If yes may we give out your name & phone Yes____ No _____

I understand that at the end of each trip the van is to be free of litter.

Signature: _____ Date: _____