

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/Cell phone: _____

Address: _____ Work Phone: _____

_____ How long have you been driving? _____ years

Email address: _____

Do you have a current and valid Washington State Driver's License? Yes: ____ No: ____

Driver's license number: _____ Expiration date: _____

Are there any restrictions on your license? Yes: ____ No: ____

Type of restriction: _____

Have you ever had your privileges to drive suspended, revoked or refused? Yes: ____ No: ____

If so, please explain: _____

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

Employer: _____ Current job title: _____

Work Address: _____

Supervisor's name: _____ Supervisor's Phone: _____

Work Hours: _____ How long with this employer? _____

Name of your automobile insurance company: _____

Policy number: _____ Agent's 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 agent's name and phone:

Agent's name/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, etc.) Yes ____ No ____ If yes, please identify name or nature of the 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, etc.) _____

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 community van is to be free of litter and debris.

Signature: _____ Date: _____