

VEHICLE DRIVER APPLICATION

Date of Birth _____	Driver's License # _____
Name _____	Street Address _____
City _____ Zip _____	Phone _____
In Case of Emergency, Notify _____	Phone _____
_____	_____
_____	_____
_____	_____

Special Certificates: i.e. CPR, Medical Certificate, Defensive Driving, First Aid. (Indicate certificate(s) and expiration date):

ACCIDENT RECORD FOR THE PAST FIVE YEARS: (Attach sheet if more space needed)

	Date	Nature of Accident (head-on, rear-end, etc.)	Were you at fault? Yes/No	Fatalities ? Yes/No	Injuries ? Yes/No
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS (MOVING VIOLATIONS ONLY) FOR THE PAST FIVE YEARS:

	Location (City and State)	Date	Infraction	Penalty
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

- QUESTIONS (FULLY EXPLAIN ALL "YES" ANSWERS ON THE BACK OF THIS FORM):**
1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Y / N
 2. Has any license, permit or privilege ever been suspended or revoked? Y / N
 3. Have you ever been sued by anyone who claimed you operated a vehicle in a reckless or unsafe manner? Y / N
 4. Have you ever operated a vehicle under the influence of drugs or alcohol? Y / N
 5. Do you have a mental or physical disability, handicap or other limitation that would prevent you from safely operating a vehicle? Y / N
 6. Is there anything not asked which might cast doubt on your ability to safely operate a passenger bus, van, or automobile? Y / N

"I agree to read the Vehicle Driver's Handbook and abide by the policies therein, including attending a defensive driving and First Aid/CPR class in my first year of service, provided and paid for by church. I will inform church of any moving violations or at-fault accidents that occur during my service tenure whether or not they occur while serving the church, and agree to maintain at least the minimum level of auto insurance on my vehicle when driving my personal auto for approved ministry service.

I understand it is the policy of the church that all passengers and drivers must at all times be seatbelted when riding in church vehicles. I agree to abide by this policy and will not transport a passenger who refuses to fasten or have their seatbelt fastened unless excused from this requirement with a physician's certificate.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge."

Signed _____ Date _____