

Bus or Van Driving Application

Effective year _____

Driver's name _____

Driver's license number _____

State of Issue _____ Expiration date _____

Current address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Birth date _____ Age _____ (must be 25 yrs. old)

Type of license

Operators

Commercial (CDL)

Describe any medical conditions that could affect your ability to safely transport students or adults.

Date of your last physical

List any medications you currently take that could potentially impair driving ability.

If you are requesting to drive the church bus, please attach a copy of your current health form.

Have you been convicted of any driving violations in the last five years? Please provide statement from the Department of Motor Vehicle.

Yes No If yes, please describe each conviction.

Do you have any restrictions or endorsements on your driver's license?

Yes No If yes, please list those restrictions or endorsements.

Have you been involved in any motor vehicle accidents in the last five years?

Yes No If yes, please give the date and briefly describe each accident.

Have you been convicted of a DUI, or had your license revoked or suspended in the past 10 years?
 Yes No If yes, please provide complete details.

Do you carry personal auto insurance?
 Yes No If yes, please identify the insurance company and policy #.

Does our church or ministry have any reason to be concerned about your ability to be a responsible and careful driver?
 Yes No If yes, please briefly describe.

I certify that all the information on this application is truthful and completely accurate. I agree to notify the church within 14 days of any changes in any of the above information. I authorize the church to verify this information with the Department of Motor Vehicles and to check references on my driving if necessary. I understand that false statements on this application will constitute grounds for immediate dismissal from driving privileges

By signing, I agree to abide by safety procedures established by the church and abide by all laws.

Signature _____ Date _____

Print name clearly _____

Office Use Only:

Please attach a photocopy of both sides of your current driver's license to this form and certificate of health (if required).

Driver's license provided: Yes No Date _____

DMV report provided: Yes No Date _____

Certificate of health provided (bus only): Yes No Date _____

Cleared with insurance company: Yes No Date _____

Contact name _____

Approved to drive: Yes No Date _____

Office Personnel Signature: _____