

# APPLICATION FOR "QUALIFIED DRIVER" STATUS

Employee      Name \_\_\_\_\_ Date \_\_\_\_\_  
 Volunteer      Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Drivers License # and State \_\_\_\_\_

Other Driver's Licenses # (CDL, etc.) \_\_\_\_\_

Vehicles Qualified to Operate     Car     Van     Van w/ trailer     Large truck

Driver Record— List all accidents and traffic violations during the past 5 years.

Date	Nature of accident/ traffic conviction

Do you presently own personal auto insurance?      Yes \_\_\_\_\_ No \_\_\_\_\_

Have you moved in the last 3 years?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from where? \_\_\_\_\_

Are there any health or personal issues that would be pertinent to your transportation of passengers for church activities?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (physical concerns, emotional concerns, medications, etc.)

\_\_\_\_\_

\_\_\_\_\_

Have you had experience in backing large vehicles (vans, trucks, etc.) with or without a trailer?    Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_      Applicant's Signature \_\_\_\_\_