Driver Application Form

We greatly appreciate your interest in assisting us to meet our transportation needs. Responsible risk management dictates that we ask our drivers to answer the following questions. Thank you for your understanding and cooperation.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Date of Birth: _____

Email: _____

Driver's License Number: _____

State of Issue: _____ Expiration Date: _____

Have you had any of the following citations or convictions in the past THREE years?

	YES	NO
Driving under the influence of alcohol or drugs	☐	☐
Hit and run	☐	☐
Failure to report an accident	☐	☐
Negligent homicide arising out of the use of a motor vehicle	☐	☐
Using a motor vehicle for the commission of a felony	☐	☐
Permitting an unlicensed person to drive	☐	☐
Reckless driving	☐	☐
Three moving violations or accidents in the last three years	☐	☐

Are you currently taking any medication that may make you drowsy? ☐ **YES** ☐ **NO**

It is expected that all passengers will adhere to Iowa Safety belt laws and regulations.

I certify that the information given above is true and complete to the best of my knowledge. I agree that I will refrain from using a cell phone or any other electronic device while operating a vehicle on behalf of the Church.

_____ _____

Signature Date

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 3 YEARS