



APPLICATION FOR "QUALIFIED DRIVER" STATUS

Employee Name _____ Date _____
 Servant Address _____
 Telephone _____ DOB _____
 Driver's License # and State _____
 Other Driver's License # (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

<u>Date</u>	<u>Nature of accident / traffic conviction</u>
_____	_____
_____	_____
_____	_____
_____	_____

Do you presently own personal auto insurance Yes _____ No _____
 Have you moved in the past 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 that application was completed by me and all entries on it are true and complete, to the best of my knowledge.

Date _____ Applicant's Signature _____