



Driver Application Form

This application will be used to establish your eligibility as an operator of a CCPT vanpool vehicle.
The information you provide helps us assure you, your vanpool group, and the public that the highest standards of safety and accountability are maintained.
We appreciate your cooperation and interest in our vanpool program.

Name: _____ Home Phone:() _____
Address: _____ Work Phone:() _____
City/State/Zip: _____ Cell Phone:() _____
Date of Birth: _____ E-Mail: _____
Current Job Title: _____ Employer: _____
Work Address: _____ City: _____
State: _____ Zip: _____
Work Hours: _____ Work Days (circle): M T W TH F S S
How long have you worked for this employer? _____ Years _____ Months

Do you have a current and valid Washington State Driver's License? Yes No
If not, please explain:

How long have you had a driver's license? _____ Years _____ Months
Driver's License Number: _____
Expiration Date: _____



Are there any restrictions on your driver's license? Yes No

If Yes, state type (including vision) _____

Have you ever had your driving privileges suspended, revoked, or refused? Yes No

If Yes, please explain:

Has an insurance company ever refused, cancelled, not renewed, or given notice of intention to refuse automobile insurance to you? Yes No

If Yes, list company's and agent's name and phone:

Indicate which (circle one): Cancelled Refused Non-Renewal

Date: _____

Reason: _____

Do you have any conditions that may affect your ability to safely operate a vanpool vehicle?

Yes No If Yes, please explain:

Have you ever been convicted of driving while intoxicated or under the influence of drugs? Yes No

If Yes, please explain (date, charge, jurisdiction, etc.):



DO NOT LEAVE ANY AREA BLANK. WRITE N/A IF IT IS NOT APPLICABLE

Indicate all driving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past three years. Please include all deferred citations. Please give full details, including dates, below:

A	Date:	Time:	Location (City/State):
	Conviction:		Your Speed: Amount of Fine:
	If speeding, legal limit:		

B	Date:	Time:	Location (City/State):
	Conviction:		Your Speed: Amount of Fine:
	If speeding, legal limit:		
	Remarks:		

Please indicate below any vehicle accidents of any type you have been involved in during the last three years:

Accident #1	Date:	Time:	Driver:	Violation:
Who was at fault?		Damage to your vehicle?		Amount: \$
Bodily Injury?		Damage to your property?		Amount: \$
Description:				
Accident #2	Date:	Time:	Driver:	Violation:
Who was at fault?		Damage to your vehicle?		Amount: \$



Bodily Injury?	Damage to your property?	Amount: \$
Description:		
Can you provide off-street parking for the van? Yes No		
Other:		

Have you taken a defensive driving course in the past? Yes No
If Yes, please provide the following information and a copy of your certificate:
Name of Course: _____
Date Completed: _____

By signing below, I understand that this application warrants a verification of information provided. Applications for Volunteer Driver authorize Columbia County Public Transportation to obtain as often as desired my driving record, including all Department of Licensing actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain.

This release continues in effect as long as I continue to serve as a volunteer driver on a Columbia County Public Transportation vanpool vehicle.

Print Name: _____

Signature: _____ Date: _____

Prohibited Substances Policy

CCPT does not allow the driving of a vanpool vehicle under the influence of any illegal drugs. An illegal drug is any drug or substance identified in Schedule I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812) and is further defined by 21 CFR 1300.11 through 1300.15. This includes, but is not limited to: marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes the use of any illegal drug, the misuse of legally prescribed drugs, or the use of illegally obtained prescription drugs at any time. Marijuana is considered a banned substance per the federal government.

This policy does not prohibit the appropriate use of legally prescribed drugs and non-prescription medications. However, it is the responsibility of the volunteer vanpool driver to inform his/her physician when being prescribed medication(s) that they are driving a vanpool vehicle and ask about driver impairment and possible side effects. The volunteer driver should only use medically authorized drugs or over the counter medications in a manner which will not impair their driving or elect not to drive when using prescribed drugs or over the counter impairing drugs. It is also the responsibility of the volunteer driver to remove themselves from service if they are not able to drive because of any adverse effects due to medications.

You may not drive the vanpool vehicle after consuming beverages or substances containing alcohol, including any medication, food, candy, or any other substance that contains alcohol.

Print Name _____

Signature _____

Date _____