



APPLICATION FOR EMPLOYMENT DRIVER INFORMATION

Instructions: Please complete the form by supplying the requested information or checking the appropriate block.

Driver's License Information

First Name _____ Middle Name _____

Last Name _____

State _____ License Number _____ Date _____

Type: Automobile _____ Commercial Vehicle _____

Driving Experience

Employer _____ Address _____

City _____ State _____ Zip _____

Phone _____

School Bus _____ Type _____ Dates(from/to) _____

Passenger Van _____ Type _____ Dates(from/to) _____

Truck _____ Type _____ Dates(from/to) _____

Accident Record for past 3 years:

1)

2)

3)

Moving Traffic Convictions and Forfeitures for past 3 years:

1)

2)

3)



VOLUNTEER DRIVERS FORM

Name of driver _____

Address _____

Driver's license number _____

State where issued _____

Year, Make, Model of Vehicle _____

Your Insurance Company Name _____

Agent's name _____

Liability Insurance Coverage Limits _____

Liability coverage minimum requirement is \$100,000 per individual, \$300,000 per occurrence.

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last five years:

Please be aware that as a volunteer driver, your insurance is primary. Depending upon the liability coverage you currently have, you may want to consider additional liability protection available through your agent.

Thank you for helping us with our transportation needs.

Volunteer Driver

Parish Representative