



Volunteer Driver Application

Ada County Highway District Commuteride

5714 Fairview Avenue • Boise, Idaho 83706-1169

208- 345-7665

This application will be used to establish your eligibility as a driver for the Ada County Highway District Commuteride Vanpool program. 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. Return completed application to your Commuteride Vanpool Coordinator.

All applicants must read and sign in the signature block on the back of this form.

1. Vanpool No. _____ and / or From _____ To _____

2. Name _____
First Full Middle Last

3. Address _____
Number and Street (include apartment number, if applicable)
City State Zip Code

4. Years at this address ____ years ____ months Email Address _____

5. Telephone: Work _____ Home _____

6. Date of Birth _____ Drivers License Number _____
Month/Day / Year

7. Employer's Name and Address _____

8. Job Title _____

9. Present Supervisor's Name _____ Supervisor's Phone _____

10. Length of Employment ____ years ____ months
If less than 2 years
Previous Employer _____

Length of Employment ____ years ____ months Previous Supervisor _____

11. Years Driving Experience ____ years ____ months

12. Have you driven an oversized vehicle before? Yes No
If "Yes," please specify _____

13. Do you currently have a valid and unrestricted Idaho State Driver's License? Yes No
If "No," please specify _____

14. Have you ever had your automobile driver's license or privileges suspended, revoked or refused? Yes No
If "Yes," please explain _____

15. Do you have a condition that may or does result in physical or mental impairment? (Including, but not limited to, sight in only one eye, missing limbs, deafness, paralysis, convulsive or seizure activity, epilepsy, blackouts, diabetes, or a heart disease.)
 Yes No If "Yes," please specify _____

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

If "Yes," please explain:

17. List the motor vehicle accidents, of any type or cause that you have been involved in as a driver during the past three (3) years? Please complete all sections for each accident.

Date	Time am pm	Driver	Violation Type	Who was at Fault?
Bodily Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage Costs \$	Property Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage Cost \$

Date	Time am pm	Driver	Violation Type	Who was at Fault?
Bodily Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage Costs \$	Property Damage <input type="checkbox"/> Yes <input type="checkbox"/> No	Damage Cost \$

I have not been involved as a driver in any motor vehicle accidents during the past three (3) years _____ (initial)

18. Indicate all driving violations or citations, other than parking tickets, that you have been convicted of, or paid any fines for, during the past three (3) years. Please complete all sections for each violation or citation.

Date	Time am pm	City and State	
Conviction Type	If speeding Legal limit	mph	Your speed mph
Remarks (may be continued on a separate sheet)			

Date	Time am pm	City and State	
Conviction Type	If speeding Legal limit	mph	Your speed mph
Remarks (may be continued on a separate sheet)			

I have not received any motor vehicle moving violations or citations in the past three (3) years _____ (initial)

19. Do you have automobile insurance for your personal vehicle? Yes No If no, why not?

20. Name of your personal auto insurance company _____

21. Can you provide off-street parking for the van at your home? Yes No

My signature below authorizes the Ada County Highway District to obtain my driving record. This release continues in effect as long as I continue to operate an Ada County Highway District Commuteride Vanpool vehicle.

Signature _____ Date _____