



ASOTIN COUNTY PTBA VANPOOL DRIVER APPLICATION

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

Driver applicants must answer all questions. Return completed application to your Vanpool program representative.

Application for (circle): Driver Backup-up Driver Bookkeeper

1. Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
Years/Months at this address: _____
If less than 2 years, previous address: _____

2. 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: _____ Date of birth: _____

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

If restricted, state type (including vision) and date of restriction:

Have you ever had your driver's license suspended, revoked, or refused? Yes ___ No ___

If so, please explain: _____

Have you ever been involved in an auto accident when you were the driver? Please explain the circumstances of the collision(s) including date and who's at fault.

Did you receive a traffic citation (ticket)? Yes _____ No _____

3. Name of your automobile insurance company:

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 and agent's name and phone:

Indicate which (circle): Cancelled Refused Non-renewal
Date: _____ Reason: _____

4. Current job title: _____ Employer: _____

Work address: _____

Supervisor's phone number: _____

In the last year, how many times have you been late to work? _____

In the last year, how many times have you had to work overtime? _____

How long have you worked for this employer? Years _____ Months _____

5. Have you ever been required by the State to file evidence of Fiscal Responsibility (SR22)?

Yes _____ No _____

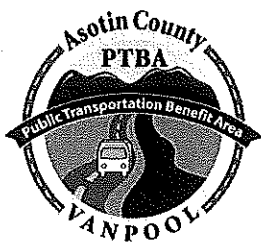
If yes, please explain: _____

I hereby grant permission for PTBA to request information to obtain a credit, insurance, medical, or job history report or other documentation they require. I understand that this information will be kept confidential.

Signature: _____ Date: _____

I have read and agree with the stated terms for Driver Selection and Driver Functions.

Signature: _____ Date: _____

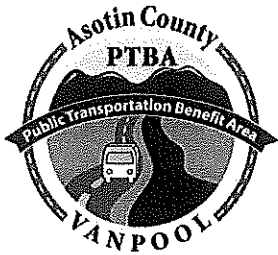


VANPOOL DRIVER FUNCTION LIST

As a Asotin County PTBA volunteer vanpool driver, you must be able to:

- Understand and uphold Washington State traffic laws.
- Understand, uphold, and apply Asotin County PTBA Vanpool policies and procedures.
- Understand and apply the principals of defensive driving.
- Safety operate a 15- to 19-foot van, carrying 7 to 15 passengers on a planned route, in potentially heavy traffic, over a variety of roadways and narrow city streets, while attending to an established time schedule.
- Wear a seat belt at all times.
- Climb into and out of the van's driver's seat while sitting upright at all times.
- Bend, kneel, reach, stretch, and turn, as appropriate, to inspect all items in the van that you are going to operate.
- Bend, reach, stretch, and turn, as appropriate, to manipulate all controls, while safely operating the vehicle.
- Read vehicle instrument panel/gauges and traffic signs, and watch for pedestrians and other obstructions while driving during the day and night.
- Assess rapidly changing traffic situations, evaluate hazardous conditions, and take prompt evasive action to deal with them safely.
- Provide for the well-being of yourself and passengers in emergencies and special situations.
- Communicate orally and in writing with the public, vanpool participants, Asotin County PTBA representatives, and public safety officers.
- Be sure that written and verbal reports are completed accurately and on time.
- Ensure that daily, weekly, and monthly vehicle maintenance inspections are performed, and the vehicle receives servicing at established intervals.
- Ensure that vehicle interior and exterior are cleaned at regular intervals.
- Make sure that vehicle is fueled at self-service pumps.
- Be reachable by cell, telephone, or some other method during normal business hours. Be responsive when we need to communicate with you.

Signature: _____ Date: _____ Vanpool # _____



Asotin County PTBA RELEASE AUTHORIZATION

I authorize Asotin County PTBA to conduct a complete driving record search in conjunction with the review of my application for the position of a volunteer vanpool driver.

I do ___ do not ___ have any mental or physical handicaps or health problems that would affect my performance as a vanpool driver. If the above answer is "yes," please explain.

My Date of Birth is _____

My Driver's License No. is _____

Signature _____

Name (print clearly) _____

Vanpool No. _____

Date _____

e-mail Address _____

Work: _____

Home: _____