# Asotin County PTBA

# PUBLIC TRANSIT RIDESHARE DRIVER application

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

Driver applicants must answer all questions. Return completed application with copy of valid Drivers License to your Rideshare program representative.

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|  | Application for (circle): | | | | | | | | | | Driver | | | Backup-up Driver | | | | | | | | | Bookkeeper | | | | | | |
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| 1. | Name: | |  | | | | | | | | | | | | | |  | | Home Phone: | | | | |  | | | | | |
|  | Address: | | |  | | | | | | | | | | | | |  | | Work Phone: | | | | |  | | | | | |
|  | Years/Months at this address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | If less than 2 years, previous address: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| 2. | Do you have a current and valid State Driver’s License? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes |  | | |  | | No | |  | | |  | | | | | | | | | | | | | | | | | |
|  | If not, please explain: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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|  | How long have you had a driver’s license? Years/Months: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | Driver’s License Number: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Expiration date: | | | | |  | | | | | | | | |  | Date of birth: | | | | | |  | | | | | | | |
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|  | Are there any restrictions on your driver’s license? | | | | | | | | | | | | | | | | | Yes | | |  | | | | No |  | | | |
|  | If restricted, state type (including vision) and date of restriction: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Have you ever had your driver’s license suspended, revoked, or refused? | | | | | | | | | | | | | | | | | | | | | | | | Yes | |  | No |  |
|  | If so, please explain: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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|  | 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.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 give full details, including dates, below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A: | |  |  |  |  | | --- | --- | --- | --- | | Date:\_\_\_\_\_\_\_\_\_\_ | Time:\_\_\_\_\_\_\_\_\_ | Location (city/state):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | | Conviction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Recorded speed cited for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | If speeding, posted limit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B: | |  |  |  |  | | --- | --- | --- | --- | | Date:\_\_\_\_\_\_\_\_\_\_ | Time:\_\_\_\_\_\_\_\_\_ | Location (city/state):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | | Conviction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Recorded speed cited for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | If speeding, posted limit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Please indicate below any vehicle accidents of any type or cause you have been involved in: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | Date:\_\_\_\_\_\_\_\_\_\_ | Time:\_\_\_\_\_\_\_\_\_ | Driver:\_\_\_\_\_\_\_\_\_\_\_\_ | Violation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | Who’s at fault:\_\_\_\_\_\_\_\_\_\_\_\_ | Damage to your vehicle?\_\_\_\_\_\_\_\_\_ | Amount: $\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | Bodily Injury?\_\_\_\_\_\_\_\_\_\_\_\_\_ | Damage to your property?\_\_\_\_\_\_\_\_ | Amount: $\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | Date:\_\_\_\_\_\_\_\_\_\_ | Time:\_\_\_\_\_\_\_\_\_ | Driver:\_\_\_\_\_\_\_\_\_\_\_\_ | Violation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | Who’s at fault:\_\_\_\_\_\_\_\_\_\_\_\_ | Damage to your vehicle?\_\_\_\_\_\_\_\_\_ | Amount: $\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  |  | | --- | --- | --- | --- | | Bodily Injury?\_\_\_\_\_\_\_\_\_\_\_\_\_ | Damage to your property?\_\_\_\_\_\_\_\_ | Amount: $\_\_\_\_\_\_\_\_\_ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Can you provide off-street parking for the vehicle? Yes\_\_\_\_ No \_\_\_\_ Other \_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 3. | Name of your automobile insurance company: | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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: | | | | | | | | | | | | | | | | | | | | | | |
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|  | Indicate which (circle): | | | | | | | | | | Cancelled | | | | Refused | | | | | | | Non-renewal | |
|  | Date: | | |  | | | | | Reason: | | | |  | | | | | | | | | | |
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| 4. | Current job title: | | | | |  | | | | | | | | Employer: | | | |  | | | | | |
|  | Work address: | | | | |  | | | | | | | | | | | | | | | | | |
|  | Supervisor’s name and 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 | |  |
|  | Work Hours: Workdays (circle): M T W Th F S S | | | | | | | | | | | | | | | | | | | | | | |
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| 5. | Have you ever been required by the State to file evidence of Fiscal Responsibility (SR22)? | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | |  | | No | | |  | | | |  | | | | | | | | | | | |
|  | If yes, please explain: | | | | | |  | | | | | | | | | | | | | | | | |
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| By signing below, I understand that this application warrants a verification of information provided. Applications for Volunteer Driver authorize Asotin County Transit 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.  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.  This release continues in effect as long as I continue to serve as a volunteer driver on a Asotin County Public Transit Rideshare vehicle. | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | |  | | | | | | | | | | | | | | Date: | | | |  | | | |
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| I have read and agree with the stated terms for Driver Selection and Driver Functions. | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | |  | | | | | | | | | | | | | | Date: | | | |  | | | |
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**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 rideshare driver, this ensures that any driver we allow behind the wheel of a vehicle has a safe, consistent driving background. Asotin County PTBA checks Washington drivers motor vehicle records monthly with “Embark”, a driver monitoring software.

Do you have any conditions that may affect your ability to perform all requirements of operating the rideshare vehicle?

Yes No

If yes, please explain:

My Date of Birth is

My Driver’s License No. is

Signature

Name (print clearly)

Vehicle No.

Date

e-mail Address Work:

Home:

**RIDESHARE DRIVER FUNCTION LIST**

As an Asotin County PTBA volunteer rideshare driver, you must be able to:

* Understand and uphold Washington State traffic laws.
* Understand, uphold, and apply Asotin County PTBA Rideshare policies and procedures.
* Understand and apply the principals of defensive driving.
* Safely operate a 15- to 21-foot van, carrying 3 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.
* Enter and exit the vehicle’s driver seat, sitting upright in the seat at all times.
* Bend, kneel, reach, stretch, and turn, as appropriate, to inspect all items in the vehicle 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, rideshare 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, and check tire pressure and wear every fueling. I understand that I will be held personally liable for inappropriate charges I incur to the Asotin County PTBA fuel card and in the event that the card is used for purposes other than rideshare, it will be paid back to the Asotin County PTBA as soon as possible.
* Be reachable by cell, telephone, or e-mail during normal business hours. Be responsive when we need to communicate with you.
* Be able to recognize when a physical or mental condition or required medication may impair the ability to safely operate a Rideshare vehicle and take appropriate action to find a substitute or make other arrangements.

Signature: Date: Rideshare #

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**A**sotin County PTBA

Rideshare Driver Checklist

Driver Selection process:

* Written, signed driver application form
* MVR Abstract of complete driving record
* Informal interview of primary driver
* Employment/student or volunteer status on file
* Verification of valid driver’s license (obtain copy)
* Signed Rideshare agreement
* Signed release of information for MVR and other pertinent documents
* Review Driver Function List and sign

Driver Selection/Retention:

* Current, unrestricted license (review restrictions)
* Five years of licensed driving experience
* Reject with suspension/revocation within three years
* Reject with suspension/revocation within seven years for reckless driving, hit & run, leaving accident scene, failure to appear, DUI or vehicle-related felony.
* Reject with unacceptable record of moving violations and/or accidents
* Reject if accident or moving violation history has resulted in insurance cancellation or non-renewal in the last three years.

Driver Orientation:

* Observe the audiovisual defensive driving course (Coaching the Van Driver II)
* Review Asotin County PTBA manual
* On-road evaluation required
* Driver refresher course shall be done every 3 years and should include basic review of defensive driving techniques and overall Rideshare accident experience within WSTIP.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Asotin County PTBA Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

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Selection Criteria

Selection of primary drivers, as well as back-up drivers, is dependent upon the criteria discussed in the following sections.

*License and Experience*

A potential driver must possess a current Driver’s License and have driven for at least five years. Restrictions for glasses or contact lenses are acceptable. Other restrictions must be reviewed.

*Suspension or Revocation of License*

Report of a suspension/revocation within the past three years will cause a potential driver’s application to be rejected. Report of a suspension/revocation within the last seven years for reckless driving, or hit and run, or leaving the scene of an accident, or driving while under the influence of alcohol/drugs, driving while impaired, or a felony violation will result in application rejection.

*Violations*

A “Failure to Appear” (FTA) on a driving record in the last three years will result in application rejection. No felony convictions are allowed. FTA, failure to yield, failure to stop, or speeding in excess of 11 mph, are all considered major violations. The driver would automatically lose eligibility for at least a three-year period.

*Physical Condition*

The potential driver must be in good health. Any condition that may impair the driver’s ability to operate the vehicle will result in application rejection. Poor eyesight (correctable by lenses) is acceptable. A potential driver may be required to have a physical examination, at the driver’s expense, to determine good health.

*Employment*

As an indicator of a driver’s reliability and availability, a potential driver must show stable employment. Work attendance record and amount of business travel or training may be considered.