



VANPOOL DRIVER APPLICATION

Applicant Name _____

(Please **Print** – include **full name with middle initial**)

Alias Names (Maiden/previous names) _____

Phone (day/wk.) _____ Phone (evening) _____

DOB ____ / ____ / ____ SSN ____ / ____ / ____ (**MUST INCLUDE FULL SSN FOR BACKGROUND CHECKS**)

Email Address: _____

Driver's License ____ / ____ / ____ / ____ / ____ / ____ Expiration ____ / ____ / ____

Home address _____ City _____

County _____ State _____ Zip _____

RECEIVED FOLLOWING EMPLOYEE INFO:

License YES NO Expiration Date: _____
Insurance Cert. YES NO Expiration Date: _____

ORDERED:

Driving Record YES NO Date: _____ Clear: YES NO
Criminal (**State**) YES NO Date: _____ Clear: YES NO
Criminal (**County**) YES NO Date Ordered: _____
Date Rcvd.: _____ Clear: YES NO

CALL FOR DRUG & PHYSICAL TESTING:

YES NO Date Called: _____ Spoke to: _____ L/M _____

Time called: _____
Emailed: _____
Additional Call Dates: _____

RECEIVED RTN CALL-TESTING:

Date: _____

DATE STATED TESTING:

Date: _____

FAX FORMS TO MED-1:

Date: _____

DATE TESTED:

Drug Test YES NO Date: _____ Clear: YES NO
Physical YES NO Date: _____ Clear: YES NO

APPLICANT TOTALLY CLEAR?

YES NO Date: _____

CONCERNS: _____

NOTIFY

MICHAEL BULTHUIS: YES NO Date: _____