METRO SHARE DRIVER APPLICATION

DRIVER'S NAME:	PHONE:	
ADDRESS:		
DATE OF BIRTH:	EMAIL:	
AGENCY:	PHONE:	
ADDRESS:		
This person is: ☐ a paid emp		
MI driver's license number:		Expiration Date:
License Type Held: □CDL □]Chauffeur □ Other	
Years of experience driving a full size		
rears or experience driving a run size	van	
The following is a list of violations that	are on my Driving Record	:
☐ I am aware of a condition that Please explain:		
☐ I have four (4) or less points o	n my Driver's License.	
 In the last five (5) years I have a felony resulting from the operation of a motor vehicl operation of a vehicle in a exceeding the lawful maxir 	use of a motor vehicle e while under the influence reckless manner	e of alcohol or a controlled substance
knowledge, and I hereby authorize the	ne City of Kalamazoo to voice. NOTE: All Criminal Histo	and true to the best of my current erify my Driver's License Record with bry Backgrounds and Driving Records will ty is subject to their final determination.
Applicant Signature:		Date:
under the current Van Insurance Policy.	Please complete, sign, da n a copy of your Driver's	Share Van, and for inclusion of the operator ate and send this application and Criminal License, Driving Record (obtained from the
Metro Share 530 N. Rose Street Kalamazoo, MI 49007 269-337-8858 tel 269-337-8211 fax	www.kmetro.com	METRO
Approved by:		Date:

Richard G. Congdon, Program Manager