

METRO SHARE DRIVER APPLICATION

DRIVER'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOC. SEC. # _____

EMAIL ADDRESS: _____

AGENCY: _____ PHONE: _____

This person is: a paid employee a volunteer

MI driver's license number: _____ Expiration Date: _____

License Type Held: CDL Chauffeur Other _____

License Class: A B C Endorsements: _____

Years of experience driving a full size van: _____

The following is a list of violations that are on my Driving Record:

I am aware of a condition that may limit or restrict my ability to drive.

Please explain: _____

I have four (4) or less points on my Driver's License.

In the last five (5) years I have not been convicted of any of the following:

- a felony resulting from the use of a motor vehicle;
- operation of a motor vehicle while under the influence of alcohol or a controlled substance;
- operation of a vehicle in a reckless manner;
- exceeding the lawful maximum speed by more than 15 miles per hour.

All of the above information and certifications are accurate and true to the best of my current knowledge, and I hereby authorize the City of Kalamazoo to verify my Driver's License Record with the Michigan Secretary of State Office. **NOTE: All Criminal History Backgrounds and Driving Records will be reviewed by the Metro's Risk Management Team and your eligibility is subject to their final determination.**

Applicant Signature: _____ **Date:** _____

This information is requested for authorization to operate the Metro Share Van, and for inclusion of the operator under the current Van Insurance Policy. **Please complete, sign, date and send this application and Criminal History Background Form along with a copy of your Driver's License, Driving Record (obtained from the Secretary of State), and Agency Endorsement to:**

Metro Share

530 N. Rose Street

Kalamazoo, MI 49007

269-337-8858 tel | 269-337-8211 fax | www.kmetro.com



Approved by: _____ Date: _____

(Richard G. Congdon, Program Manager)