

Driver Application



Utah Transit Authority Van-Pool Program

Please complete all applicable questions and return to UTA Van-Pool with a completed Van-Pool Participant Agreement

1. Van-Pool No. _____ and/or Route To _____ From _____
2. Check one Driver Backup Driver
3. Name _____
(First) (Full Middle) (Last)
4. Address _____
(Number) (Street)

(City) (Zip) (Work e-mail address)
5. How long have you lived at this address? _____ years _____ months
6. Phone: Work (____) _____ Home (____) _____ Cell (____) _____
7. Age _____ Date of Birth _____
(Month) (Day) (Year)
8. Employer's Name and Address _____

9. Job Title _____
10. Present Supervisor's Name _____ Phone (____) _____
11. Length of Employment _____ (If less than 2 years, please complete the following):
Previous Employer _____
Length of Employment _____
12. How long have you had a driver's license? _____ years _____ months
13. If you have driven a van before, for how long? _____ years _____ months
14. Do you currently have a valid and unrestricted Utah State Driver's License?
 Yes No (explain) _____

15. Do you have a condition which may or does result in physical or mental impairment? (For example, but not limited to, sight in only one eye, missing limbs, deafness, paralysis, convulsions or seizure disorder, epilepsy, blackouts, diabetes, heart disease, etc.).
 No Yes (please answer the following)
Name or nature of condition _____
Date of onset or last attack _____
Years driving with condition or disability _____
Driving Aids _____
Drugs or Medication _____
Effect on Driving Ability _____
Physician's Name _____ Phone (____) _____
16. Driver's License Number _____
17. Has an insurance company or companies ever refused, cancelled, refused to renew, or given notice of intention to cancel or refuse any automobile insurance for you?
 No Yes (please answer the following) Name of Company _____
 cancelled refused non-renewal
Date _____ Reason _____

18. Have you ever had an automobile driver's license or privileges suspended, revoked or refused?
 No Yes (explain) _____
19. Have you been convicted of driving while intoxicated or under the influence of drugs?
 No Yes (explain) _____
20. Have you been required by any state to file evidence of Financial Responsibility (SR-22)?
 No Yes (explain) _____
21. How many motor vehicle accidents of any type or any cause have you as an operator, been involved in during the past 3 years? _____
Please give full details, including approximate dates, time of day, etc., on next page.

Describe Accident #1

| | | | |
|------------------|---|--|--|
| Date | Time | Driver | Violation (Type) |
| Who was at fault | Bodily injury <input type="checkbox"/> No <input type="checkbox"/> Yes | Damage to your vehicle <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ | Damage to other property <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ |
| Description | | | |
| | | | |

Describe Accident #2

| | | | |
|------------------|---|--|--|
| Date | Time | Driver | Violation (Type) |
| Who was at fault | Bodily injury <input type="checkbox"/> No <input type="checkbox"/> Yes | Damage to your vehicle <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ | Damage to other property <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ |
| Description | | | |
| | | | |

22. Indicate all driving convictions or citations (other than parking) that you have been convicted of, forfeited bail or paid any fines for during the past 3 years. Please give full details, including approximate dates below:

| | | | | |
|--|-----------------------------|--|---------------------------|--------|
| Date | Time | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Location (City and State) | |
| Convictions | If Speeding Legal Limit: | m.p.h. | Your speed | m.p.h. |
| Amount of Fine \$ | | | | |
| Remarks (May be continued on separate sheet) | | | | |
| | | | | |
| Date | Time | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Location (City and State) | |
| Convictions | If Speeding Legal Limit: | m.p.h. | Your speed | m.p.h. |
| Amount of Fine \$ | | | | |
| Remarks (May be continued on separate sheet) | | | | |
| | | | | |

23. How many cars do you own? _____

24. Do you have automobile insurance for your personal vehicle? Yes No

25. Name of Insurance Company and Policy Number _____

26. Commuting Travel Plans:

a. Origin Trip _____
(City) (County) (Zip)

b. Final Destination _____
(Street Address)

(City) (County) (Zip)

c. How many miles is your entire commute each day, one-way? _____

d. What time do you arrive at work _____ a.m. p.m. leave work _____ a.m. p.m.

27. Are you requesting authorization for personal use of the UTA van? Yes No

28. If yes, please describe how you expect to use the van for your personal driving and how often. _____

29. Can you provide off-street parking for the van at your home? Yes No

30. Additional Comments _____

I have carefully read and understand this release and authorization form. By my signature below, I authorize UTA or its authorized agent to obtain all necessary consumer reports and investigative consumer reports concerning my credit history, credit capacity and standing, criminal history, motor vehicle history and standing, and all other information deemed pertinent for driver background investigation. By my signature below, I authorize the disclosure of these reports and records by law enforcement agencies; federal, state, and local courts, credit reporting agencies; and motor vehicle records agencies.

Signature _____

Date _____

Mail to: **UTA Rideshare** **or**
P O Box 30810, Salt Lake City, UT 84130

Fax to: (801) 287-5031