

DRIVER INFORMATION-APPLICATION

To be eligible to transport others on work time, or to do any work-related driving, employees must have driving records that are free of the following incidents within the last five years. New, or pending charges for these incidents may result in approval being denied or suspended pending the outcome.

- Driving while intoxicated convictions
- Open intoxicant convictions
- Failure to stop for an officer
- 3 or more moving violations and/or at-fault accidents in the prior 36 months
- Leaving the scene of an accident
- Hit and run
- Driving while suspended
- Reckless driving
- 2 or more citations for failure to show proof of insurance

Please see the Driving Qualifications Policy for information about insurance coverage and other details.

DO NOT COMPLETE THIS SECTION UNLESS YOU BELIEVE YOUR DRIVING RECORD QUALIFIES, AS DESCRIBED IN THE POLICY.

You must provide the information below if you will be driving as part of your employment with Options. Driving for Options includes transporting people we support, errands, and any other activity during work hours which involves driving. This includes using a personal vehicle, the vehicle of people receiving support, or an Options' vehicle. You cannot drive for Options until you return this completed form, required documentation, and have received confirmation of approval.

If you will not be driving as part of your employment with Options, do not complete this section, instead you must sign the statement at the bottom of the form.

For Drivers:

NAME AS IT APPEARS ON DRIVER'S LICENSE: _____

DRIVER'S LICENSE NUMBER: _____

EXPIRATION DATE OF LICENSE: ____/____/____

STATE THAT ISSUED LICENSE: _____

DATE OF BIRTH: ____/____/____

For Office Use Only	
<input type="checkbox"/> Insurance-OK	<input type="checkbox"/> DMV Check-OK
<input type="checkbox"/> Approved Driver	<input type="checkbox"/> Options Vehicle Only

I hereby give permission to Options In Community Living, Inc. to obtain my driving records for the purpose of verifying that I hold a valid driver's license and that my driving record complies with Options' Driving Policy. I acknowledge and agree to the terms of this driver application and expectations. *This consent is given in satisfaction of Public Law 18 USC 2721 et Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this act.*

Signature

_____/_____/_____
Date

****Read & Sign Reverse Side also****

IF YOU WILL BE DRIVING A PERSONAL VEHICLE WHILE WORKING FOR OPTIONS PLEASE PROVIDE A COPY OF THE DECLARATIONS PAGE OF CURRENT AUTO INSURANCE FOR THE VEHICLE YOU WILL BE DRIVING. This must show your name as policyholder or as a covered driver, insurance provider, vehicle description, liability coverage amounts, and not be expired.

For Non-Drivers

I will not be driving as part of my employment with Options in Community Living, Inc.

PRINT NAME _____

DATE ____/____/____

SIGN NAME _____

Driving Expectations

When driving for Options please adhere to the following guidelines and expectations to ensure safety and comfort for yourself and your passengers.

1. Wear your seatbelt.
2. There is a fleet tracking device installed in each Options owned vehicle. The device will alert us to driving habits that need to be improved such as excess speed and hard braking which could indicate that the driver needs to drive more carefully. The device complies with insurance requirements, and promptly notifies us of maintenance issues.
3. Insist that all passengers also use seat belts and pull over if they do not comply. If there is a problem with fit or function contact your supervisor.
4. Do not text or talk on the phone while driving. Pull over if an urgent text or phone call needs to be made.
5. Refrain from engaging in other driving distractions such as eating, drinking, adjusting the radio, etc.
6. Keep the current registration information and insurance card in the vehicle at all times. If these documents are missing in an Options owned vehicle contact the office immediately.
7. Follow posted speed limits and obey traffic rules.
8. Drive defensively. Expect that other drivers will make mistakes and be prepared to react.
9. Always follow transportation guidelines specific to the person you are supporting, i.e. riding in the backseat, use of child locks, use of buckle buddy, etc.
10. In the event of an accident or moving violation, after making sure everyone involved is safe, immediately contact the office or on-call staff for assistance. Call 911 if there are injuries or if the vehicle is not operable. Exchange license and insurance information with the driver(s) immediately. Follow all directives from first responders.

Signature: _____

Date: ____/____/____

Print name: _____
