

Lincoln Seniors Transportation Program Volunteer Driver Job Application

This application will be used to establish eligibility as a volunteer driver for the Lincoln Seniors Transportation Program. The information you provide enables us to maintain the highest standards of safety and accountability. We appreciate your cooperation and interest in our volunteer driver program. Return completed application to the Lincoln Seniors Transportation Program.

Application for:

Please print:

Full Name:		Spouse:	
Address:		City:	State: Zip:
If less than 2 years at this address, previous address:			
Hm. Phone:	Cell:	E-mail:	
Date of Birth:	Wk. Phone:		
Employer:		Job Title:	
Work Address:		City:	State: Zip Code:
Supervisor:		Supervisor's Phone:	

Do you have a current valid Nebraska State Operators' License? (please attach a copy)		<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you had a valid operators' license?	Years	Months
Operators' License Number:	Expiration Date:	
If licensed in Nebraska for less than five years, list licenses previously issued by other states: <i>Years/States:</i>		
Are there any restrictions on your operators' license? <i>If restricted, state type and date of restriction:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your operators' license suspended, revoked, or refused? <i>If yes, please explain:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Your Automobile Insurance Company (please attach a copy of insurance Binder & Card):		
Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew your automobile insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, Cancelled <input type="checkbox"/> Yes, Refused <input type="checkbox"/> Yes, Non-renewal <i>If yes, please explain and list company and agent name and phone:</i>		
Date:	Reason:	

Volunteer Driver Job Application (continued)

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? Yes No
If yes, please explain (date, charge, jurisdiction, etc.):

Indicate all moving violations or citations (other than parking) you have been convicted of, forfeited bail or paid any fines for, during the past 3 years. Please give full details, including dates, below. If more space is needed, use a separate sheet.

A	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
	Remarks:		
B	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
	Remarks:		

List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.

#1	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			
#2	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: \$
	Bodily injury?		Damage to other property?	Amount: \$
	Description:			

Are you able to perform all the Functions listed in the job description? Yes No
If no, please explain:

This application requires a criminal history background check and verification of your motor vehicle record.

My signature below authorizes the Lincoln Seniors Transportation Program, Seniors Foundation, and LAAA to obtain, at its sole discretion, my employment and non-employment driving record, including all Department of Licensing actions that have taken place regarding the operators' license I now hold, have held, or may obtain in the future. It also authorizes a criminal history background check. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a Lincoln Seniors Transportation Program volunteer driver.

Signature:	Date:
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All applicants must read, and sign in the signature block. By typing your name in the field above you are effectively adding your digital signature to this document.