

VANPOOL OFFICE USE ONLY

Cust #: _____



EMPLOYEE INFORMATION

- NEW EMPLOYEE
- CHANGE OF INFORMATION

Agency/Municipality: _____

Name: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Driver's License Number: _____ Expiration Date: _____
(Please include a legible copy of the driver license)

Date of Hire: _____ Pool Code # (Pace uses only): _____

Criminal Background Check Date: _____
(Agency/Municipality uses only)

Date of One Hour Substance Abuse Training: _____

Date of Reasonable Suspicion Training: _____
(For supervisor at agency/municipality only)

Date of Pre-Employment Drug & Alcohol Test: _____
(Please include the Pace Drug & Alcohol Compliance Form)

Date of Biennial 10-Panel Drug Test: _____
(Please include the Pace Drug & Alcohol Compliance Form)

Date of D.O.T. Medical Examiner Certificate: _____
(Please include a legible copy of the D.O.T. card)

Date of Drug and Alcohol Training: _____

Date of Driver Training: _____

Date of Termination/Resignation: _____

The above information is true and correct to the best of my knowledge. I hereby authorize Pace to verify any information contained within this Application with the appropriate agencies or other entities.

This application warrants verification of my motor vehicle record history and periodic updates of my motor vehicle records.

Driver signature: _____ Date: _____

Transportation Coordinator _____ Date: _____
(Signature)

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MVR Check Date: _____ Approved Not Approved

Approved by: _____ Date: _____

VIP Representative: _____ Date: _____