



**EMPLOYEE INFORMATION**  
**FOR NON-DRIVING, SAFETY SENSITIVE INDIVIDUAL**

- NEW EMPLOYEE
- CHANGE OF INFORMATION

Agency/Municipality: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Position: \_\_\_\_\_  
(General Manager, Transportation Coordinator, Dispatcher, Call taker, Scheduler etc)

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 Termination/Resignation: \_\_\_\_\_

Transportation Coordinator: \_\_\_\_\_  
(Signature)

**VANPOOL OFFICE USE ONLY**

Approved       Not Approved

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Vanpool Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_

11/07/2007