



## VanGo Pilot Vehicle Program Driver Application

Please return completed VanGo Pilot Vehicle Program Driver Application to the designated Pace portal.

1. Select One: I  was /  was not previously a driver in the Pace Vanpool Program.
2. Name: \_\_\_\_\_  

Last
First
Middle Initial
3. Primary Residence Address: \_\_\_\_\_
4. How long have you resided at the address identified in 3? \_\_\_\_\_
5. Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Last Four Digits of Social Security Number: XXX-XX-\_\_\_\_
8. Date of Birth: \_\_\_\_\_
9. Name of Current Employer: \_\_\_\_\_
10. Address of Current Employer: \_\_\_\_\_
11. Job Title at Current Employer: \_\_\_\_\_
12. Length of Employment at Current Employer: \_\_\_\_\_
13. If length of employment at Current Employer is less than two years, provide name of previous employer and length of employment at previous employer:  
 \_\_\_\_\_
14. Do you currently have a valid, unrestricted U.S. driver's license?  Yes  No
15. If the answer to 14 is no, then skip 15. If the answer to 14 is yes, then complete 15.  
 Driver's License (D/L) Number: \_\_\_\_\_  
 (Please include a legible copy of the front and back of driver's license.)  
 State D/L Issued: \_\_\_\_\_ D/L Expiration Date: \_\_\_\_\_ Number of Year with U.S. D/L: \_\_\_\_\_
16. Have you ever had your driving privileges suspended or revoked?  Yes  No  
 Explain: \_\_\_\_\_
17. Have you ever been convicted of driving while intoxicated or under the influence of drugs?  Yes  No  
 Explain: \_\_\_\_\_
18. Has an insurance company ever refused to issue an automobile insurance policy to you, cancelled or not renewed your automobile insurance policy, or given notice of termination of your automobile insurance policy?  Yes  No  
 If yes, explain (include date(s), reason(s), and insurance company name(s)): \_\_\_\_\_  
 \_\_\_\_\_
19. Have you ever been required by any state to file evidence of financial responsibility (SR-22)?  Yes  No  
 If yes, explain: \_\_\_\_\_

20. If you own a vehicle, include a copy of your automobile insurance card for the vehicle.

I understand that should any information provided be shown to be materially incorrect, misrepresented, or incomplete, Pace reserves the right to deny Pace-provided insurance coverage as a result of any losses, damages or claims related to such information. I further understand that, in the event of denial of Pace-provided insurance coverage, I shall assume full responsibility for any losses, damages, or claims related to any misrepresentations or omission of any material fact.

21. Over the past three years, how many motor vehicle accidents have you been involved in where you were the driver? \_\_\_\_\_

If one or more accidents, provide the full details for each (attach additional paper if needed):

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

Were you given any tickets/citations?  Yes  No If yes, please identify to whom and the nature of the violations:

\_\_\_\_\_

Was anyone injured?  Yes  No

Were there any fatalities?  Yes  No

Was your vehicle damaged?  Yes  No If yes, provide the dollar amount of the damage: \$ \_\_\_\_\_

Was any other vehicle damaged?  Yes  No If yes, provide the dollar amount of the damage: \$ \_\_\_\_\_

22. Over the past three years, how many tickets/citations have you received? \_\_\_\_\_

Provide the full details of each (attach additional paper if needed):

Date of Ticket/Citation: \_\_\_\_\_ Time of Ticket: \_\_\_\_\_

If speeding Ticket/Citation issued: Posted Speed Limit: \_\_\_\_\_ mph Your Speed Limit: \_\_\_\_\_ mph

Did any of the violation(s) result in fines?  Yes  No If yes, provide the total dollar amount of the fines? \$ \_\_\_\_\_

23. Commuting Plans: Origin: \_\_\_\_\_  
Street Address City State Zip Code

Destination: \_\_\_\_\_  
Street Address City State Zip Code

The above information is true and correct to the best of my knowledge. I understand that the misrepresentation or omission of any material fact, both at present and at any time in the future while I am a driver in the Pace VanGo Pilot Vehicle Program ("Program"), is grounds for disqualification of my participation in the Program. I hereby authorize and permit Pace, the Suburban Bus Division of the Regional Transportation Authority, ("Pace") to verify any information contained in this VanGo Pilot Vehicle Program Driver Application ("Application") and to obtain my employment verification, driving history records, credit history, drug testing results, and physical results. I hereby acknowledge that a Pace-owned vehicle used in the Program may be equipped with technology that tracks vehicle location and that records video of activities occurring inside and outside the vehicle. I hereby release and hold harmless any party, which furnishes Pace with information and/or documentation in accordance with my authorization under this Application, from liability that might otherwise result from Pace's request for such information and/or documentation. I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of my consumer report. I hereby authorize Pace to periodically obtain any of the documentation set forth above. I agree that a copy of this authorization has the same effect as the original. My typed name below constitutes my signature on this Application.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_