

# DRIVER APPLICATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issue and Expiration: \_\_\_\_\_

License Class: \_\_\_\_\_ Are you a member of First Baptist Church of Dover?  Yes  No

Do you have any restrictions or endorsements on your driver's license? If yes, please list those restrictions or endorsements. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any medical conditions that could affect your ability to safely transport students or adults. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you at any time ever:

- Been convicted of any moving violations in the last five years?  Yes  No
- Been involved in any motor vehicle accidents while driving in the last seven years?  Yes  No
- Had your license revoked or suspended in the past ten years?  Yes  No
- Been arrested for any reason?  Yes  No
- Been convicted of, or plead guilty or not contest to, any crime?  Yes  No

If the answer to any of these questions is "yes," please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you carry personal auto liability insurance?

Yes  No If yes, please identify the insurance company and policy number. \_\_\_\_\_

\_\_\_\_\_

Does our church have any reason to be concerned about your ability to be a responsible and careful driver?

Yes  No If yes, please describe.

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Is there anything from your past that would likely lead church leaders to be concerned about your ability, or might be an embarrassment to the church, if revealed?

Yes  No If yes, please provide complete details.

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I certify that all of the information on this application is truthful and completely accurate. I agree to notify First Baptist Church of Dover within fourteen days of any changes in any of the above information. I authorize First Baptist Church of Dover to verify this information with the Department of Motor Vehicles and my insurance company and to check references on my driving. I understand that false statements on this application will constitute grounds for immediate dismissal.

By signing, I agree to abide by driving procedures established by the church and abide by all traffic laws.

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

Print name clearly: \_\_\_\_\_

Please attach a copy of both sides of your current driver's license and driver's insurance card to this form.

**Office Use**

DMV Check: Yes  No  Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Cleared With Insurance Company: Yes  No  Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Completed Driver Orientation: Yes  No  Date: \_\_\_\_\_ Orientation Given By: \_\_\_\_\_

Approved To Drive: Yes  No  Built In To Servant Keeper: Yes  No