



Vanpool Driver Application

Vanpool Number _____

Name: _____

Employer: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Work Phone: _____

NC Driver's License: _____

Expiration Date: _____

Social Security #: _____

Miles to Work: _____

Date of Birth: _____

Work Hours: _____

Email Address: _____

Please list every state where you have had a valid driver's license: _____

What is your driving record? **YOU MUST LIST EVERY ACCIDENT, TRAFFIC VIOLATION & MOVING VIOLATION IN THE LAST SEVEN YEARS:**

What type of space can you provide for overnight van parking (off-street)? _____

How much travel and overtime does your job require? _____

Are you applying for Driver? _____, or Back-up Driver? _____ (check one)

Supervisor's name and work number: _____

I understand that the Triangle Transit must check my driving record, employment and credit history. I give Triangle Transit the right to investigate all information given and to secure additional information if necessary. I further authorize and request any city, state, or federal agency, department or bureau to furnish this information. I hereby release from liability or responsibility all persons, companies, corporations, city, state, or federal agency, department, or bureau furnishing this information. I further acknowledge that under the **Fair Credit Reporting Act of 1996** if my driver application is denied in whole or in part because of information obtained by the Triangle Transit from a consumer reporting agency that I will be notified by written, oral, or by electronic means. I have a right to make a written request within 60 days of notification to receive the name and toll-free telephone number, where a free copy of the report from the Consumer Credit Agency can be obtained. The information from the consumer report will not be used in violation of any Federal or State equal opportunity law or regulation.

Driver Privacy Protection Act Authorization to Disclose Personal Information (DL-DPPA-2)

I understand that personal information contained in my Motor Vehicle records are protected by the Federal Driver Privacy Protection Act and NC General Statutes 20-43.1. I hereby authorize that the personal information in my file may be released to the following person: Person to receive information: Total Information Source (TIS) Kim Goodwin

Print Full Name(as it appears on your license)

NC Driver's License Number

Signature

Date