



### Vanpool Driver Application

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
NC Driver's License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Last Four Digits of Social Security #: \_\_\_\_\_ Miles to Work: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Van Number: \_\_\_\_\_

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 AND 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)

I understand that the GoTriangle must check my driving record and criminal background history. I give GoTriangle 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.

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

I understand that personal information contained in my Motor Vehicle records is 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  
\_\_\_\_\_

Driver Signature

Date

