



<b>Driving History</b>			
Have you been charged during the last 10 years of driving while intoxicated or under the influence of drugs? <i>If yes, please provide date(s) and explain (date, charge, jurisdiction, etc.):</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate all moving violations or citations (other than parking) that you have received, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates. If more space is needed, use a separate sheet.			
<b>A</b>	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
	Remarks:		
<b>B</b>	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: \$
	Remarks:		
List ALL motor vehicle accidents of any type or cause that you have been involved in during the last 5 years.			
<b>Accident #1</b>			
Date:	Time:	Driver:	Violation:
Who was at fault?		Damage to your vehicle?	Amount: \$
Bodily injury?		Damage to other property?	Amount: \$
Description:			
<b>Accident #2</b>			
Date:	Time:	Driver:	Violation:
Who was at fault?		Damage to your vehicle?	Amount: \$
Bodily injury?		Damage to other property?	Amount: \$
Description:			
<b>Acknowledgements</b>			
Can you provide off-street parking for the van at your home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you driven a vanpool before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state for whom, year, and how long:			
My signature below signifies that I have read, understand and agree to abide by all terms in the Driver Section of the Pierce Transit Vanpool Participant Agreement, and that I have read the Vanpool Driver Guidelines, Essential Functions and Things You Should know documents, and can perform all requirements and will adhere to them strictly.			
By signing this Pierce Transit Volunteer Vanpool Driver Application, I agree to allow Pierce Transit to obtain a copy of my motor vehicle record and monitor for accidents, citations or suspensions during my time as a volunteer vanpool driver. This release continues in effect as long as I continue to serve as a volunteer driver on a Pierce Transit vanpool.			
<b>Signature:</b>			<b>Date:</b>

Please submit your completed application to Pierce Transit Vanpool.

Fax: 253.444.2559

Email: [vanpool@piercetransit.org](mailto:vanpool@piercetransit.org)

Mail: Pierce Transit, Vanpool Operations, PO Box 99070, Lakewood, WA 98496-0070

Revised 08/04/2016

**Attachment F**  
**Washington Release of Interest**

**Employee/Prospective Employee/Volunteer**

SambaSafety, Inc. is acting as an agent on behalf of Pierce Transit to obtain the abstract of driver records of the individual named below.

This is an authorization of:

1. Employee for release of abstract of driving record for employment purposes, at my employer's discretion for the full term of my employment; or
2. Prospective employee for release of abstract of driving record for employment purposes, not to exceed thirty (30) days from date signed; or
3. Volunteer for the release of my driving record for a position applied for that requires me driving at the direction of the agency.

I, \_\_\_\_\_, am an employee, prospective employee, or volunteer of the company named below and I request DOL release a copy of my official Driving Record in the state of Washington to my employer, prospective employer, or agency or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

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Employee / Prospective Employee / Volunteer Full Name

WA Driver's License Number

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Employee / Prospective Employee / Signature

Date Signed

The Company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the Director of DOL and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney's fees, arising from any incorrect or improper disclosure of individual names or addresses under this "Release of Interest"; any defects in any of Subscriber's procedures followed or omitted or arising from failure of Subscriber or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this Contract; or arising in any manner from any negligent act or omission by Subscriber or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or agency of the above-named individual.
2. That the information contained in the driving record obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for employment or volunteer purposes.

I affirm that I am a representative authorized to bind Company named below

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Authorized Representative Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date and Place Signed

**NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.**