



DRIVER SCREENING AND ACKNOWLEDGEMENT

Today's Date: _____

Driver's Name: _____ Date of Birth: _____

Driver's License Number: _____

In the past 3 years, have you:

Been at fault for any accidents? yes no

Had any moving traffic violations? yes no

Had any insurance company cancel or refuse to provide you with auto insurance? yes no

Had your driver's license revoked, suspended, or restricted? yes no

Had any physical impairments other than corrective lenses? yes no

Ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? yes no

If any question(s) above were answered "yes", please provide full details below, including dates and descriptions:

By signing below, I attest to the following:

I have read and understand HHBC's Van Policy and Procedure.

I have attached a copy (front and back) of my current Driver's License.

Printed Name: _____

Cell Phone: _____

Signature: _____

Email: _____