## Point Arena Schools P.O. Box 87, Point Arena CA 95468 (707)882-2803 \* Fax (707)882-2848

## **EMPLOYEE DRIVER APPLICATION - Page 1 of 2**

Employees Driving for Business and/or Volunteer Driving District Vehicle

Site/Department:			Driver Name:					
District R	<u>equirements</u>							
business.				services for school activities and related effective manner, all drivers must comply				
2. E 3. N 4. T 5. N 6. T b 7. A 8. A 9. T 10. S 11. T o tl 12. E	California driver's license, and have been continuously licensed for a minimum of 3 years.  Driver must be free of any medical condition that may affect his/her ability to operate a vehicle.  No alcohol or drugs will be consumed prior to, or while operating the vehicle.  The number of passengers shall not exceed the capacity for which the vehicle was designed.  No one may transport more than nine passengers plus the driver in any vehicle.  Transportation is limited to District business and/or transportation of students and approved chaperones for educationally based activities, sports and field trips.  All occupants must wear seat belts whenever the vehicle is in motion.  All students who are less than 6 years of age or weigh less than 60 pounds must be properly secured in a rear seat in a child passenger restraint system meeting applicable federal motor vehicle safety standards.  The use of cell phones, walkmans, pagers or other electronic devices while driving is prohibited.  Smoking a pipe, cigar or cigarette in the vehicle is prohibited.  The driver accepts the added responsibility that comes from carrying extra individuals and, therefore, will be conscientious in obeying all driving rules and regulations set forth by the State of California. The California Supreme Court has eliminated the protection of the former California Guest Law; therefore, a guest passenger may sue his/her host owner/driver.  Driver must have an acceptable driving record as determined by the Point Arena Schools policy. The Point Arena Schools reserves the right to require a current H6 Motor Vehicle Report (10 year MVR) for driver eligibility.  If the above conditions change and/or cannot be met, I will no longer participate as a driver until the requirements can be met.							
	me (Print):	Driver Signature	:	Date:				
_		<del></del>	License Expiration D	ate:				
Telephone Number (Home)		Cell Phone #						
Attach:								
2. C 3. A 4. V	Copy of California Drivers License. Current <u>H6 Motor Vehicle Report (1</u> Authorization for Release of Driver F Valid Evidence of Insurance if you an riving a private vehicle must complo	Record Information ( re an <u>employee</u> drivin	DMV Form INF 1101 g a private vehicle fo	) if you are an <u>employee</u> .				
	************	*******	********	******				

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

(Designated Point Arena School's Official)

Retain this original signed form in school file after approval.

Approved Driver: \_

EMPLOYEE DRIVER APPLICATION – Page 2 of 2 Required for employees using their private vehicle for business purposes.

Site/Department:				Driver Name:		
VEHICLE INFORMATION:				Description of Auto		
Name of Owner:				Year:		
Address:				Make:		
				Number of Seatbelts:		
Telephone:				License Plate No.:		
•				Registration Expiration:		
				Number of Booster/Child Restraint Seats, if applicable:		
				Trainer of Booster/Cima Restraint Seass, it applicable.		
only as excess in physical damage  Minimum Perso Bodily Injury  Property Damage	surance over the control for any private drawn and automobile \$100,000 each per \$300,000 each occ \$50,000 each occ	driver's primary insurance river vehicle.  Liability Limits Require son OR currence	e. The Point ed: Combine	Arena Schools does not provide collision or comprehensive  d Single Limit \$300,000 each occurrence		
				<u> </u>		
Liability Limits:	•			each person		
·	Property Damag	te.	\$	each occurrence each occurrence		
		~OR~				
	Bodily Injury and Property Damage Liability, Combined Single Limit \$ each occurrence					
AND CORRECT PRIMARY RES	T. I UNDERSTA	AND THAT, IF AN ACC FOR ANY LOSSES OR	CIDENT O CLAIMS	PAGE EMPLOYEE DRIVER APPLICATION IS TRUE CCURS, MY INSURANCE COVERAGE SHALL BEAR OF DAMAGE. TO THE BEST OF MY KNOWLEDGE,		
				(Driver-Applicant)		
		Date:				
	********	*********	*****	***********		
Approved Drive	er and Vehicle:			Date:		
		(Designated Point Arena	Schools O	fficial)		

Retain this original signed form in school file after approval.