

Christ Presbyterian Church

Chesterland, Ohio Driver Application Form

Instructions:

Print the completed form and submit to the Chairperson of the Personnel Committee. The personnel chairman will determine driver qualification and maintain a permanent record of qualified drivers.

All information contained in this document will be kept confidential. All drivers will be required to re-submit this form annually. If additional space is required, please continue on the back of this sheet.

Effective Year _____
Driver's Last Name: _____ First Name: _____
Driver's License # _____
State of Issue: _____ Expiration Date _____
Current Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____
Insurance Company _____ Policy # _____

Have you been convicted of any moving violations in the last five years? _____

Describe any Medical Conditions that could affect your ability to safely transport students and adults.
