



THE TMA GROUP

VANPOOL DRIVER APPLICATION

708 Columbia Avenue, Franklin TN 37064
615-790-4005 · Fax 615-628-3219

Van # _____ Vanpool License Plate # _____ VIN _____

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Date of Birth: ____/____/____ Cell Phone: (____) _____ - _____

Driver's License Number: _____ State: _____ Expiration Date: _____
(Attach legible copy of license front and back)

EMPLOYMENT INFORMATION

Employer: _____ Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Length of Employment: _____ Work Schedule: _____

REFERENCE INFORMATION

I understand that TMA will contact the following references.

Name: _____ Phone: _____ (Personal)

Name: _____ Phone: _____ (Supervisor)

EMERGENCY CONTACT

Name: _____ Relationship: _____ Home Phone _____

Street Address: _____ Work Phone _____

City _____ State _____ Zip _____ Cell Phone _____

DRIVER/INSURANCE INFORMATION

Current Personal Vehicle Insurance Company (*attach copy of insurance card front and back*):

During the past three years, have you been involved in an automobile accident or convicted of a moving violation? _____ YES _____ NO

If yes, complete the following:

Date: _____ Description: _____

Date: _____ Description: _____

Date: _____ Description: _____

Have you ever been charged and/or convicted of a DWI or a DUI? _____ YES _____ NO

If yes, please explain:

Has your driver's license ever been revoked or suspended? _____ YES _____ NO

If yes, please explain:

Has your automobile insurance ever been canceled? _____ YES _____ NO

If yes, please explain:

MEDICAL INFORMATION

This information serves as a guide in evaluating the physical capability of candidate vanpool drivers to safely drive and maintain a vanpool vehicle. Please check YES or NO to the following questions.

- | YES | NO | I HAVE: |
|-------|-------|---|
| _____ | _____ | 1. Lost a foot, leg, hand, or an arm. |
| _____ | _____ | 2. Impairment of the use of a foot, leg, hand, fingers, or any other limitations which may interfere with my ability to control and safely drive a vanpool vehicle. |
| _____ | _____ | 3. An established medical history of clinical diagnosis of diabetes mellitus currently requiring insulin for control. |
| _____ | _____ | 4. Clinical diagnosis of heart disease. |
| _____ | _____ | 5. Established medical history of clinical diagnosis of respiratory dysfunction. |
| _____ | _____ | 6. Clinical diagnosis of high blood pressure. |
| _____ | _____ | 7. Established medical history of clinical diagnosis of rheumatic, arthritis, orthopedic muscular, neuromuscular, or vascular disease. |
| _____ | _____ | 8. Established medical history of mental, nervous, organic or functions disease of psychiatric disorder. |
| _____ | _____ | 9. Established medical history or clinical diagnosis of epilepsy. |
| _____ | _____ | 10. Clinical diagnosis of hearing or vision problems not correctable by corrective lens or hearing devices. |
| _____ | _____ | 11. Drug habit involving the use of amphetamines, narcotics or other habit-forming drugs. |
| _____ | _____ | 12. Current clinical diagnosis of alcoholism. |

If the answer to any of the above is YES, please explain:

Disclosure and Release Statement

1. I have been provided a list of TMA Vanpool Driver Selection Criteria and, to the best of my knowledge, meet the criteria at the time of this application.
2. The information provided in this application is true to the best of my knowledge. I understand that TMA will only use this information to determine whether or not to approve me as a volunteer driver. TMA may verify any information that I have provided.
3. In connection with ongoing driving privileges with the TMA Vanpool Program, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to First Horizon Insurance Group on behalf of The TMA Group.

I hereby authorize procurement of my motor vehicle report. This authorization shall remain on file and shall serve as ongoing authorization for the procurement of such reports at any time while I am driving vehicles owned or managed by The TMA Group. The TMA Group's commercial auto insurer, insurance agent, and/or insurance broker may also use this information in conjunction with loss control and safety review efforts.

Full Legal Name (include middle initial)

Social Security Number

Driver's License Number

State of Issuance

Date of Birth

Signature

Date