



PERSONAL DATA

First Name: _____ Last Name: _____

Social Security Number: _____ Birth Date: _____

Address: _____

Phone Number: _____

EMERGENCY DATA

In case of emergency contact: _____

Name	Relationship	Telephone
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OR

Name	Relationship	Telephone
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AUTOMOBILE DATA

Driver's License: _____

State	Number	Expires
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Vehicle Make, Model, Year & Plate Number: _____

Insurance Carrier: _____ Expiration Date: _____

Policy Number: _____

Insurance Telephone Number: _____

I hereby certify that the above –referenced insurance is in force and provides insurance coverage on the above-referenced vehicle(s) in amounts not less than \$15,000 for injury or death of one person and \$30,000 for injury or death of two or more persons and \$5,000 property damage in one accident. I further certify that the vehicle (s) to be used is adequate for the work to be performed and is equipped with seat belts and is in safe mechanical condition. I agree to notify the Human Resources Department immediately if the above insurance is terminated, if the above referenced vehicle (s) is replaced, or if my driver's license expires, is suspended or revoked.

Signature

Print Name

Date