

Eaglecrest/Mobile Ministry Solutions

Bus Driver Certification Form

This form must be completed by all bus drivers who will be using an Eaglecrest/MMS bus for their church/group or for other Eaglecrest purposes. Please complete and return with a copy of your driver's license and medical card to our Zeeland office or fax to 616-748-6068. All potential drivers must also complete and pass a road driving test conducted by Eaglecrest.

Name _____ Birth Date _____

Church/Non-Profit Group _____

Personal Address _____ City _____ St _____ Zip _____

Driver's License # _____ Social Security # _____

Cell Phone # _____ Email _____

Circle either **Y** for Yes or **N** for No. The information on this application will be kept confidential.

Y N Are you currently a CDL licensed driver? Note Class and Endorsements _____

Y N How many years of experience do you have driving bus or a large truck? _____ Please list companies or organizations and the years you have driven for them.

Y N Have you been cited for driving violations (parking tickets not applicable) within the past 3 years? (If yes, please explain the nature of the citations on separate sheet of paper.)

Y N Are you currently insured as a driver for your church or group? _____
Please list the carrier and policy number _____

Agreement to Notify of Driving Events

I agree to immediately inform **EAGLECREST** if my driver's license is suspended or revoked, if I am cited for a driving offense, or if I have DUI or DWI charges pending. I will also notify **EAGLECREST** if my insurance is canceled or not renewed. These notifications are required even if the offenses are not related to ministry work. Eaglecrest will not release this information to unauthorized persons.

Federal Motor Carrier Safety Guidelines

I agree to conduct pre-trip and post-trip inspections on buses and to follow the guidelines for safe driving as established by the Federal Motor Carrier Safety Administration and the Motor Carrier Safety Act. Further, I agree to voluntarily submit to an Alcohol and Drug Test if randomly selected by Eaglecrest and submit an annual review of my driving record.

I have truthfully and accurately responded to the questions above. I give Eaglecrest permission to conduct a background check with my church/group, previous employers, and the State Police.

Signature _____ Date _____

Office Use Only

Added to Insurance Date _____ Orientation Date _____

