



# DRIVER APPLICATION

*Please complete the entire form and return to St Johns Food Share.*

Do you have a valid driver's license?

YES

NO

**Provide a copy of both sides of the license, or present the license and SJFS will make a copy.**

Please enter the information as it is shown on your license:

First Name:	Last Name:	Middle:
Address:		
City:	State:	Zip Code:
State of Issuance:	Driver's License Number:	
Date of Issuance: (MM/DD/YYYY)	Date of Expiration: (MM/DD/YYYY)	
Class:	Restrictions:	

Have you ever driven a commercial vehicle or bus?

YES

NO

Have you been convicted of reckless driving, speeding or DUII in the last 3 years?

YES

NO

*If YES, please explain:*

Are you an insured driver?

YES

NO

Insurer / Insurance Company: \_\_\_\_\_

Auto Insurance Policy Number: \_\_\_\_\_

**Before operating any vehicle owned or operated by St Johns Food Share (SJFS), you must successfully demonstrate competence in driving and maneuvering the vehicle to a current SJFS driver. If you would like to receive training on how to safely operate a SJFS vehicle, please ask.**