

Employee's Signature:

Company Vehicle Use Policy Acknowledgment Forms

Ihereby acknowledge that I have received and read the
Company Vehicle Use Policy provided by Open Arms Link. I understand and agree to comply with the policies, guidelines,
and expectations outlined in this document regarding the use of company-owned or leased vehicles.
I acknowledge my responsibility to:
1. Adhere to all local, state, and federal traffic laws and regulations.
2 . Ensure the safety and comfort of passengers, especially those with disabilities, when operating a company vehicle.
3 . Refrain from consuming alcohol, illegal substances, or using prescription medication that impairs driving before or during operating a company vehicle.
4. Always wear your seatbelt and ensure passengers are properly secured when applicable.
5. Not use a mobile phone or engage in any form of distracted driving.
6 . Abide by the smoking policy, which prohibits smoking inside company vehicles.
7. Refrain from eating or drinking while driving a company vehicle.
8 . Perform regular vehicle inspections, including wheelchair tied-down systems where applicable, and report maintenance issues promptly.
9. Report all accidents, damage, violations, and incidents immediately to your supervisor.
10. Follow company procedures for route navigation, including the use of provided GPS systems.
11. Lock the vehicle when not in use to ensure safety and security.
12. Comply with any updates or revisions to the Company Vehicle Use Policy.
I understand that failure to comply with this policy may result in disciplinary action, up to and including termination o employment. I further understand that I am required to review this policy regularly and stay informed of any updates or changes.
By signing below, I acknowledge that I have read, understood, and agree to abide by the Company Vehicle Use Policy of Open Arms Link.
Print Name:

Date:_____