



Empower Results®

**EMPLOYEE DRIVER FORM
(using a Diocese/ Parish owned vehicle)**

Name of Employee/ Driver: _____

Date of Birth: _____

Address: _____

Drivers License#: _____ State Issued: _____

In order to provide for the safety of those we serve, we ask each employee to answer the following questions:

- 1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years.
YES _____ NO _____
- 2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years.
YES _____ NO _____
- 3. I have had no more than three moving violations or accidents in the last three years.
YES _____ NO _____

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as an employee driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Employee Driver Name (Please Print)

Date: _____

Employee Driver Signature