



# Wave Pool Driver Application

Last Name  First Name  Middle Initial

Home Address

City  State  Zip Code

Phone Number  Email

Date of Birth Month  Day  Year  NC Driver Lic  SSN

Employer

Work Location  Work Phone

Work Hours From  to  Approximate travel distance to work (one-way)  miles

Have you ever been convicted of driving while impaired (DWI) or driving under the influence (DUI)?  Yes  No

List all accidents and moving violations had during the past three years:

Emergency Contact Name  Phone Number

Relationship  Are you able to provide a secure, off-street parking location?  Yes  No

I understand all the policies and procedures covered in the Wave Pool Vanpool Operation Manual. By signing below, I authorize the Cape Fear Public Transportation Authority to access my driving record and employment history. I further authorize the Authority the right to investigate all information given and to secure additional information if necessary. I further authorize and request any city, county, state, federal agency, department or bureau to furnish requested information. I hereby release from liability or responsibility all persons, companies, corporations, city, county, state, or federal agency, department or bureau furnishing this information.

Applicant Signature \_\_\_\_\_

Date