Print Form

Hybrid Vehicle Carpool Application

Human Resources - Commuter Services
157 West Fifth Street, San Bernardino, CA 92415-0178 Phone (909) 387-9639 Fax (909) 387-9641

Employee ID#	**Last Name**	**First Name**
Home Address	**City**	**Zip Code**
Home Phone	**Alternate Phone**	**E-Mail Address**
Department Name	**Division**	**Inter Office Mail Code**
Work Address	**City**	**Zip Code**
	☐ Y / N ☐	
Nearest Intersection to Home Address	**Are you currently ridesharing?**	**If "yes" for how long?**
	TO	
Schedule Type (5/8,9/80,3/12,4/10)	**Work Hours**	**Work Phone**
	☐ Y / N ☐	
Approx. One-Way Mileage from Home To Work	**Is your schedule flexible?**	**If "yes" what other hours can you work?**

	Form a New Carpool ☐ **Join an Existing Carpool** ☐	
Requested Start Date	**Select One**	**Driver of Existing Carpool**

For new carpools, please list the names of the other members below:

1._____

2._____

3._____

Carpool Driver Section

Any employee who may have occasion to drive a carpool vehicle is required to attend the County's Driver's Awareness Course. The Carpool Driver and the Alternate Driver must complete the required course within 60 days of driving the carpool vehicle. The DMV Permission Form must accompany this application. Please return the completed Application and DMV Permission Form to: ***HR-Commuter Service - Inter Office Mail Code 0178***

Driver's Awareness Course Completion Date: _____**Driver License#**_____

Employee Signature	**Date**

OFFICE USE ONLY: ***Approved By:***_____

Vehicle#_____ ***Carpool ID#***_____ ***Site Code# 1376-***_____

DA Course Completion Date: _____ ***DMV Permission Form Received:***_____

Start Date: _____ ***Mileage Range:*** _____ ***Payroll Deduction Amount:*** _____