Print Form

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

Vanpool Application

(Please Type or Print Clearly)

Date You wish to Start Vanpooling_____
(Processed on Pay Period Basis)

Vanpool (Driver) Name _____
(If known)

_____
First Name

_____
Last Name

_____
Home Address City Zip Code

_____
Nearest Intersection

_____
Home Phone

_____
Cell Phone

_____
Work Address

_____
City

_____
Employee #

_____
Driver License #

_____
Work Phone

_____
Interoffice Mail Code

_____
Department

_____
Division

Start Time _____ ☐ AM ☐ PM

Leave Time _____ ☐ AM ☐ PM

Is your schedule flexible? _____ If "yes" what other hours can you work? _____

I am willing to be a Vanpool Driver? ☐ Yes ☐ No

I am willing to be an Alternate Driver? ☐ Yes ☐ No

_____
Signature

Date: _____

DMV Permission Form must accompany this application.
Please return completed Application and DMV Permission Form to:
Commuter Services, mail code 0178.