

**Driver's License Information Sheet**

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

1. Do you have a valid driver's License? Y / N
2. Has your license ever been suspended? Y / N
3. Have you been in an accident in the last three years? Y / N If so, how many \_\_\_\_\_
4. Have you been found guilty of a DUI while driving for an employer on the clock? Y / N
5. Can you provide proof of your driving record as needed? Y / N

As an employee of CarePlus New Jersey, Inc. I understand that I will be required to drive an Agency vehicle, as well as my own, to perform duties as assigned. It is my understanding that as part of my job responsibilities with CarePlus New Jersey, I must maintain a valid driver's license insurable under the Agency's standard Insurance Policy.

Therefore, upon acceptance of employment, I agree to furnish CarePlus New Jersey with an original valid Driver's License. A copy of which will be placed in my Human Resource file. I authorize CarePlus New Jersey and its designated Insurance Agent to verify that my license is valid and to obtain copies of my current driving record.

I also understand that each time my driver's license is renewed, I will present the original to the Agency. I further authorize CarePlus New Jersey and its designated Insurance Agent to run periodic license verification reports throughout the course of my employment to ensure that my license remains in good standing.

I understand that any infractions, points, suspensions, or outstanding issues regarding my driver's license which causes the Agency to incur additional surcharges for carrying me on its policy will be charged directly to me. In such event, I will have the opportunity to review the Agency insurance information. If verified, I will be presented with an invoice outlining the additional expenses and will be required to pay same directly to the Agency as instructed.

I further understand that such infractions, points, suspensions or outstanding issues that affect the good standing of my license could result in suspension and/or termination of employment pursuant to Agency policy and procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_