

# Staff Driver Application Form (to be completed in September and March)



School/Department: _____	Supervisor's Name: _____
Driver's Name: _____	Driver's License No.: _____
Vehicle Description: Make: _____	Model: _____ Year: _____

## YES / NO

- The vehicle I will be driving is in good repair.
- My driver's license is valid.
- I have business insurance if I am using my vehicle for work 6 or more days per month.
- I will abide by traffic safety laws and requirements, and all rules of the road.
- My vehicle has \_\_\_\_\_ (please enter #) 3-point harnesses that are available for the placement of booster seats, car seats and/or passengers.
- I agree to wear a seat belt and require all passengers to wear a seatbelt.
- I agree that I will not permit a child under 13 years of age to occupy the front passenger seat of a vehicle equipped with a passenger seat air bag.
- I will report any driving infractions to my supervisor without delay.
- I understand that smoking is prohibited in any private vehicle used to transport students, while students are in or around the vehicle, in accordance with the Tobacco-Free Environment Administrative Procedure.
- I will not use any cell phone or other electronic device during the trip, unless parked in a designated area with the ignition turned off.
- For students under the age of 9, weighing less than 18 kg (40 lbs) and shorter than 145 cm (4'9"), I will ensure that a child safety seat is used when I am transporting students. The provision of the child safety seat is the responsibility of the child's parent or guardian.
- For students under the age of 9, weighing less than 18 kg (40 lbs) and shorter than 145 cm (4'9"), I will ensure that a booster seat is used when I am transporting students. The provision of the booster seat is the responsibility of the child's parent or guardian.
- I have not received any driving violations within the past 24 months. (Including but not limited to driving suspensions, driving under the influence, speeding and other traffic violations). If answering no, please list the details:  
\_\_\_\_\_
- I have not been found liable for (an) accident(s) involving personal injury or property damage within the past 24 months. If Yes, date of accident(s): \_\_\_\_\_
- I am not a Novice or Learner driver (no novice or learner driver will be used as a staff driver).
- I have viewed the WorkSafe BC 'If You're Driving for Work, You're on the Job' video:  
<https://www.worksafebc.com/en/resources/health-safety/videos/if-youre-driving-for-work-youre-on-the-job>
- I have viewed the Road Safety at Work Vehicle Safety Inspection Video:  
<https://roadsafetyatwork.ca/tool-kits/inspect-your-vehicle/vehicle-safety-inspection-video/>
- I have read the Distractions and Solutions for Drivers information and will take all necessary steps to limit potential driving distractions: [http://roadsafetyatwork.ca/wp-content/uploads/2015/01/TipSheet1\\_Distractions\\_Drivers.pdf](http://roadsafetyatwork.ca/wp-content/uploads/2015/01/TipSheet1_Distractions_Drivers.pdf)
- I have read the Behaviours and Characteristics Expected of Drivers – Based on the Guide Developed:  
<https://roadsafetyatwork.ca/wp-content/uploads/2018/10/Driver-Assessment-Guidance.pdf>

Staff Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information on this form is collected by School District No. 75 (Mission) under the authority of the School Act. The information will be used for educational purposes. This information will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 75, 33046 4th Avenue, Mission, BC, V2V 1S5, 826-6286.

**The completed Staff Driver Application Form is to be forwarded to the Transportation Department.  
A copy of the application form is to be retained by the school / department.**