



CARPOOL REGISTRATION FORM

Name: _____

Employee ID#: _____

Department: _____

Date filled out: _____

Email Address: _____

Phone: _____

Driver's License #: _____

State: _____

Expiration Date: _____

License Plate #: _____

Insurance Carrier: _____

Policy #: _____

Registration Expiration: _____

A valid and unexpired Driver's License, Insurance and Registration must be provided to sign up. Copies will be taken and stored safely. You are in charge of bringing in new documents once expired. By signing below, I understand that I must abide by the carpool program policy and submit legitimate carpool information on a **weekly basis**. I also understand that any income I receive from the carpool program will be **taxed and paid out via paycheck** (Gift cards are no longer an option for payout). Failure to comply with the Carpool policy will result in loss of Carpool Program privilege and possible disciplinary action.

Employee Signature: _____

Employee Center Employee Signature: _____

For HR Use Only:

Entered By: _____

Date: _____