

**Quality Care Services
Insurance & Driving Record**

Applicant/Employee Name: _____

License Number: _____

Job Title: _____

Name of Insurance Company: _____

Personal Vehicle: Yes No

If you answer "NO" to question #1 or "YES" to questions 2 thru 5, please indicate below an explanation and/or circumstances related to your answer.

1. Do you have a valid driver's license
 YES NO

2. Are you currently, or have you been in the last 24 months refused car insurance or not qualified for standard automobile insurance?
 YES NO

3. Have you had your driver's license suspended or revoked during the past 36 months?
 YES NO

4. Have you been convicted of operating a motor vehicle while intoxicated or while under the influence of drugs in the past 60 months?
 YES NO

5. Have you had two or more motor vehicle accidents and/or moving violations in the last 60 months?
 YES NO

Any employee who is required to use his/her personal vehicle for business will be reimbursed on a per mile basis. Quality Care Services Inc does not assume responsibility for any physical damage repairs or replacement costs to your personal vehicle. We highly recommend that you purchase full physical damage coverage (comprehensive and collision coverage) along with your personal automobile liability insurance coverage with limits no less than \$300,000 combined single limits.

I hereby authorize Quality Care Services, Inc. and Apollo Insurance to verify the above information with your insurance company, MVR (Motor Vehicle Record) and/or law enforcement. An individual's driving record may disqualify the individual from employment and volunteer service. I understand if the above information is false, it may lead to immediately termination from Quality Care Services, INC.

Employee Signature: _____ Date: _____

Explanation of Circumstances (If applicable):

