



## APPLICATION FOR SERVICES

### PERSONAL IDENTIFICATION

Full Name:  Mr.  Ms. \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Previous Names (if any): \_\_\_\_\_ Cell: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Other Contact No.: \_\_\_\_\_  
US Citizen:  Yes  No E-mail: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  Copy of card attached.  
Virginia ID or Driver License Number: \_\_\_\_\_  Copy of ID/license attached.  
Virginia DOC Number: \_\_\_\_\_  Copy of card attached.

How did you hear about Drive-To-Work? (bus, friend etc.): \_\_\_\_\_

### LEGAL RESIDENCE

Your Name: \_\_\_\_\_ Name of Owner, if not you: \_\_\_\_\_  
Street: \_\_\_\_\_ Apt No.: \_\_\_\_\_  
City: \_\_\_\_\_ State and Zip: \_\_\_\_\_  
City/County Where You Reside: \_\_\_\_\_

### FAMILY INFORMATION

Married:  Yes  No Living Together:  Yes  No  
Spouse's or Significant Other's Name: \_\_\_\_\_  
Number of Dependents: \_\_\_\_\_  
Child Support Orders (fill out completely):  
Name: \_\_\_\_\_ \$ \_\_\_\_\_ per month  
Name: \_\_\_\_\_ \$ \_\_\_\_\_ per month  
Name: \_\_\_\_\_ \$ \_\_\_\_\_ per month  
Household Income (take home pay of all residents): \_\_\_\_\_ \$ \_\_\_\_\_ per month

### EMPLOYMENT

Monthly Income \$ \_\_\_\_\_ Other Income Source: \_\_\_\_\_  
Employed:  Yes  No How long? \_\_\_\_\_  
Self-Employed:  Yes  No How long? \_\_\_\_\_  
Social Security Disability:  Yes  No  
Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per month Hourly \$ \_\_\_\_\_ hr.  
Work Hours: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
How Do You Get There? \_\_\_\_\_ Time Traveling (per day) \_\_\_\_\_  
 Employer Check Stubs (include two of the most recent stubs)  SSI Certification (include copy)

Outstanding Garnishments:  Yes  No

Court or Agency: \_\_\_\_\_

**VIRGINIA DRIVING RECORD**

Past Virginia Driver's License:  Yes  No

License No.: \_\_\_\_\_

Present License:  Yes  No

**RESTRICTIONS/OFFENSES (check all that apply)**

Driving Under Influence (DUI)

Suspend – Not Paying Child Support

Previous Pay Plan:  Yes  No

Suspend – Not Paying Fines and Costs

Previous Pay Plan:  Yes  No

*Need to consolidate your payments*  Yes  No

Habitual Offender

Drugs

*Need to go to driving school*  Yes  No

**DRIVING RECORD IN OTHER STATES**

Have you been licensed in other states?  Yes  No

List State(s): \_\_\_\_\_

Was your license suspended in any other state?  Yes  No

List State(s) where suspended: \_\_\_\_\_

**PENDING TRAFFIC CASES**

Do you have any pending traffic case(s)?  Yes  No

If yes, please list the case(s) below:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Court: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Court: \_\_\_\_\_

Description of Facts: \_\_\_\_\_

**CRIMINAL OFFENDER RECORD**

Convictions (make separate list of offenses and sentence):

Convicted of a Felony:  Yes  No

Time Served (years): \_\_\_\_\_

Served at DOC Facility:  Yes  No

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

Place of Incarceration: \_\_\_\_\_

Parole/Probation Officer: \_\_\_\_\_

Court: \_\_\_\_\_

Telephone: \_\_\_\_\_

**CERTIFICATION**

1. I certify that all the information in this application is true and correct.
2. No services are promised or will be rendered until this application is accepted.
3. For services to be provided, a client agreement must be signed and any required fees must be paid.
4. Inactive applications will be discarded six (6) months after date received.

**Signature:** \_\_\_\_\_

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

Make sure to send:  DMV Request Form

\$20.00 Check or Money Order

Mail to: DRIVE-TO-WORK, P.O. Box 14526, Richmond, VA 23221

**DRIVE-TO-WORK**

**Office Location** 1735 Summit Avenue, Richmond, VA 23230

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