



**Piedmont Authority for Regional Transportation (PART)**

- Initial & Annual Motor Vehicle Report Review Authorization (Complete Section A)
- Pre-Employment Background Check (Complete Section B)

**Section A**

Have you ever been convicted for Driving While Impaired (DUI)? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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

Telephone, Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_

Employer's Address / Location: \_\_\_\_\_

\_\_\_\_\_

*By your signature below, you hereby authorize PART to obtain an initial and annual Motor Vehicle Reports to consider you to drive PART vehicles.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B**

Applicant's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other States You Have Lived in within the past 10 years: \_\_\_\_\_

\_\_\_\_\_

*By your signature below, you hereby authorize PART to obtain a Pre-Employment Background Check to consider you for employment.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For PART Office Use Only:**

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

- Select a Billing Code:**
- PART 1A**– Vanpool/TDM
  - PART 1B**– Guilford County
  - PART 1C**– National Express
  - PART 1D**– PART General

**Applicant:**  
Please return completed form in person to PART Staff or by using information below.

**PART**  
107 Arrow Rd  
Greensboro, NC 27409

**Email:**  
rubyb@partnc.org

**Fax:** 336-664-6552

**Ridesharing Office:**  
800-588-7787