



Driver Agreement

Please read carefully before signing.

I have read and understand the Company safe driving policies and procedures. I understand that an auto accident can affect my life, and the lives of others around me and my vehicle.

I agree to follow the Company policies and procedures while operating a Company vehicle.

I hereby agree to abide by the following driving guidelines:

- I will use the safety belt (seat belt) whenever operating a Company vehicle or whenever driving for Company business.
- I agree to restrict cell phone usage to hands-free features while driving and I will stop the vehicle for detailed or lengthy conversations. I will also avoid distractions such as eating, adjusting radios, reading, and writing.
- I will operate only those vehicles I am trained and licensed to operate. I will operate only those vehicles I am approved by my supervisor to operate.
- I will always check the vehicle for defects and adjust safety devices, such as seat belts and mirrors, as necessary before operating the vehicle.
- I will not operate any vehicle when I am impaired by fatigue, medication, drugs, or alcohol. I will not operate any vehicle that I do not feel capable of handling in both normal and emergency situations.
- I will obey all driver safety laws, rules, and regulations. I will adjust the speed and operation of the vehicle based on environmental conditions, possible hazards and other dangers.
- I will operate the vehicle in a courteous manner, irrespective of behavior of others. I will drive defensively, anticipating possible dangers or hazards.

Employee Signature: _____ Date: _____