

# Safe Driving Commitment

for Individuals Who Operate Personally Owned Vehicles  
on Behalf of the Company



Name: \_\_\_\_\_ Date: \_\_\_\_\_

I recognize that safe driving is an essential part of my job and will abide by the following safe driving standards as they apply to the use of my vehicle for work performed on behalf of the company.

While driving my car or truck for company-related purposes, I will:

- \_\_\_\_ Maintain an in-force, valid driver's license and carry auto liability insurance
- \_\_\_\_ Alert management immediately if my license becomes expired, restricted, suspended or revoked
- \_\_\_\_ Notify the company of any citations I might receive
- \_\_\_\_ Allow the company to access my MVR records by signing a release when requested
- \_\_\_\_ Drive in a safe and courteous manner, conforming to traffic laws, signals and markings, and take appropriate precautions for adverse weather and traffic conditions
- \_\_\_\_ Wear a seatbelt and ensure that authorized passengers wear seatbelts
- \_\_\_\_ Cooperate with management in following prescribed maintenance schedules and procedures
- \_\_\_\_ Be financially responsible for any parking tickets or traffic violations and citations I might receive
- \_\_\_\_ Report all accidents within 24 hours to my manager and designated company fleet administrator
- \_\_\_\_ Refuse to loan the vehicle to employees or allow non-company authorized drivers to operate it
- \_\_\_\_ Reject requests by unauthorized passengers for transport, including hitchhikers
- \_\_\_\_ Always park the vehicle in a secure and legally allowable location
- \_\_\_\_ Abstain from alcohol or controlled substances prior to and during vehicle operation
- \_\_\_\_ Operate my vehicle knowing that I am under no time constraint to deliver any food. It is mandatory to follow traffic laws.

My signature indicates that I have had an opportunity to read this agreement and ask clarifying questions of my supervisor. I will abide by company safety policies related to driving.

Failure to comply with the above described "Safe Driving Commitment" may result in employee discipline up to and including transfer to a non-driving position or termination.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KEEP ORIGINAL IN FILE. GIVE THE EMPLOYEE A COPY. THIS FORM SHOULD BE RENEWED ANNUALLY.**