Sample Personnel Data Collection Sheet

Name: _____
First Last

Hire Date: _____
Month Day Year

Home Address: _____
Street City State Zip

Home Phone #: _____ Cell Phone # :_____

Check One: ☐Scheduling Agent ☐Paid Driver ☐Volunteer Driver

Vehicles Certified to Drive: ☐N/A ☐All ☐12 Psngr ☐15 Psngr ☐24 Psngr ☐50 Psngr

CDL? ☐Yes ☐No

Birth Date: _____ License #: _____

Affiliations: _____

Code: _____ Password: _____

Notes:_____

Adapt the following table to include the items your system tracks for each individual.

EVENTS & DATES – FOR THIS INDIVIDUAL

Qualifications	Date Issued	Date Expires	Alert Date	Notes
CDL				
DOT Physical				

Continue on reverse as needed.