

Share the ride. Share the rewards. Metro Rewards Employee Application

Join Metro Rewards, Los Angeles County's rideshare reward program for dedicated ridesharers, and we'll send you a \$15 giftcard of your choice from Target, Ralphs, Best Buy or Starbucks. Also, new Metro Rewards members will be entered into a one-time drawing for a \$100 giftcard for the month they enroll. And, all participating Metro Rewards members will automatically be entered into ongoing quarterly drawings for \$100 giftcards.

To Qualify:

- You must have been ridesharing with other working adults at least eight workdays a month for the past three months or longer. If not, you do not qualify for this program
- You must work at a worksite located in Los Angeles County and enrolled in Metro Rewards
- You must sign this form certifying that the information you provide is true and accurate

COMMUTER INFORMATION (Please print clearly)

Commuter Name (First*) _____ (M.I.) _____ (Last*) _____

Home Address _____ City* _____ Zip* _____

Home Phone () _____ Work Phone* () _____ ext. _____ Employee I.D. * _____

Fill in your e-mail address to receive the latest Metro updates _____

This Metro Rewards Employee Application is for: New Membership Renewal

How many miles do you travel from home to work (one way)?* _____ miles

Have you been ridesharing at least eight workdays a month for the past three months or longer?* Yes No

How many days a week do you usually rideshare to work?* (Check one) 1 day 2 days 3 days 4 days 5 days

How do you most often rideshare to work?* (Check one)

Carpool with other working adult(s) Public Bus/Rail Bicycle Metrolink
 Vanpool Walk Telecommute Other (Specify) _____

Please select your \$15 giftcard (Check one) Target Ralphs Best Buy Starbucks

Note: If you do not choose a giftcard, Metro will make the selection for you.

Commuter's Signature* _____ Date* _____

EMPLOYER INFORMATION (Please print clearly) COMMUTER SERVICES ONLY

Employer Business Name* City of Los Angeles Employer Phone* () 213-978-1593

Employer Address* 200 N. Spring St. Rm 867 City* Los Angeles Zip* 90012

Employer Representative Name* (Please print) Francois Verin Fax* () 213-847-3164

Employer Representative Phone* () 213-978-1593 E-mail Address* Francois.Verin@lacity.org

Employer Representative's Signature* _____ Date* _____

Employer Representative's Supervisor's Signature* _____ Date* _____

Three signatures are required to process this application. This application is confidential and is used to compile a demographic and statistical profile of Los Angeles County commuters. All fields with an * are mandatory for processing.

Please Return to:
EMPLOYEE BENEFITS – COPS
City Hall 8th Fl, Rm. 867
Mail Stop # 621



Metro

5.17.2007