



## Employment Application

**PLEASE PRINT**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

Cell Phone No: \_\_\_\_\_  
Home Phone No: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Do you check e-mail often?  YES  NO

Position Applying for: \_\_\_\_\_  
Are you at least 18 years of age?  YES  NO  
*(If you are under 18, your hire is subject to verification that you are of a minimum legal age)*

If hired, can you present evidence of your U.S Citizenship or proof of your legal right to live and work in this country?  YES  NO

### EXPERIENCE

*Please list your employment history for the last 5 years, beginning with the most recent.*

Most recent employer \_\_\_\_\_  
May we contact this employer for a reference?  YES  NO  
Position held \_\_\_\_\_  
Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer address \_\_\_\_\_  
Employer phone number \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Most recent employer \_\_\_\_\_  
May we contact this employer for a reference?  YES  NO  
Position held \_\_\_\_\_  
Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer address \_\_\_\_\_  
Employer phone number \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

May we contact this employer for a reference?  YES  NO  
Position held \_\_\_\_\_  
Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer address \_\_\_\_\_  
Employer phone number \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

## EDUCATIONS AND TRAINING

Name & Address Number of Years Completed Did you Graduate? Degree or Diploma  
HighSchool: \_\_\_\_\_  
College/University: \_\_\_\_\_  
Vocational/Business: \_\_\_\_\_  
Health Care: \_\_\_\_\_

Please list below any certifications you hold (i.e. First Aid, CPR, Administrator, etc) \_\_\_\_\_  
\_\_\_\_\_

Please list any classes taken or trainings you have completed that are relevant to your job as a driver?  
\_\_\_\_\_  
\_\_\_\_\_

## MOTIVATION

Why do you want to work as a driver for Friendly Medical Transportation?  
\_\_\_\_\_  
\_\_\_\_\_

What are your work and career goals for the next 2-5 years?  
\_\_\_\_\_  
\_\_\_\_\_

## TRANSPORTATION

Do you have a valid driver's license?  YES  NO  
Do you have your own reliable car?  YES  NO  
If hired, can you provide proof of car insurance?  YES  NO

## EXPERIENCE AND SKILLS

How much experience do you have working with the elderly? \_\_\_\_ Years \_\_\_\_ Months  
Do you have experience taking care of someone with dementia?  YES  NO  
Can you safely lift up to 25 pounds?  YES  NO  
Do you have any physical limitations that you know of which may prevent you from assisting a client in any way?  YES  NO  
Which transfer methods do you have training and experience using? (check all that apply)  
 Basic transferring (bed to chair, chair to stand, etc.)  Helping client in and out of car  
 None

## AVAILABILITY

How many hours do you want to work each week? \_\_\_\_\_  
What hours would you be available each day?  
Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_  
Would you be able to work weekends?  YES  NO

## REFERENCES

Please list 3 persons, not related to you, who are able to give a personal character reference.

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Number \_\_\_\_\_ Occupation \_\_\_\_\_  
Number of years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Number \_\_\_\_\_ Occupation \_\_\_\_\_  
Number of years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Number \_\_\_\_\_ Occupation \_\_\_\_\_  
Number of years acquainted \_\_\_\_\_

Please read the following completely and carefully and sign and date below.

The following waiver contains important legal consequences.

Under penalty of perjury, I hereby certify that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. Further, I understand that any false or incomplete statements made may be cause for non-employment or dismissal if employed. I release and hold harmless all persons and organizations providing any information, references, or data to be utilized by the Company to determine my qualifications for employment. I understand that I may request a description of the nature and scope of information sought. A photocopy of this authorization may be considered as an original for this purpose.

It is understood that if I employed, the offer of employment will be contingent upon submitting to and passing a several background screenings including a pre-employment drug test, health screening and TB test, criminal records review, live-scan fingerprinting, DMV record check, and reference checks. I authorize the company and/or its agents to conduct and/or review the required background screenings. I am willing to submit to all required background screenings including drug testing to detect the use of illegal drugs prior to and during employment.

I agree that if employed, I will abide by all policies and procedures established by the company. I also understand that submission of this application does not guarantee my employment. Further, I understand that if I am hired, nothing herein modifies in any way my "at-will" employment relationship with the company.

---

**Signature of Applicant/ Date**

\_\_\_\_\_  
Applicant's Name (please print)

## **CRIMINAL BACKGROUND INQUIRY**

Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime?    Yes    No    If yes, please explain.

Details: \_\_\_\_\_

*(You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied. Criminal Investigation Consent will be signed.)*

## **EMERGENCY CONTACT**

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

*"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you."*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**I was referred to Friendly Medical Transportation by \_\_\_\_\_**