**Date of Application:**

**Job Application**

**Last Name: First Name:**

**Middle Name: Maiden Name:**

**Date of Birth: / / SSN:**

**(Month) (Day) (Year)**

**Current Address: City: State: Zip: How Long? :**

**Telephone#: Cell Phone #:**

**Previous Address: City: State: How Long? : If less than 10 years, provide all addresses on back side: Do you have the legal right to work in the United States? Yes No Are you currently employed? Yes No If yes with whom? Who referred you?**

**Do you have an email address? Yes No**

**If yes, please print email address :**

❖ **Employment History** (Please list all employers for the last 3 years)

**Last Employer Name: Phone: Address:**

**Position Held:**

**From**: **To**:

**Reason for Leaving:**

**Second Employer Name: Phone: Address:**

**Position Held:**

**From**: **To:**

**Reason for Leaving:**

**Third Employer Name: Phone: Address:**

**Position Held:**

**From: To:**

**Reason for Leaving:**

**Accident record for Past 3 Years**

(rev 11-14)

**Dates Nature of Accident Fatalities Injuries**

**Traffic Conviction and Forfeitures for the past 3 years**

**Dates Nature of Accident Fatalities Injuries**

**Driver’s License(s) Information**

**State Driver’s License # Type Expiration Date**

**A.** Have you ever had any type of motor vehicle license suspended or revoked, or denied a license, permit of privilege to operate a motor vehicle? \*\***Yes No**

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B.** Do you have a pending charge or past conviction for driving while intoxicated? **Yes No**

(rev 11-14)

Are you currently an employee, contractor or connected in any way with a provider of healthcare services such as translation, home health care, transportation, personal care attendant, etc.? **Yes No**

If yes, please describe the service or services you provide:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal, state laws and FairRyde Transportation Inc. policies prohibit employees, contractors or persons connected with any provider of health care or transportation services to bill for multiple services provided at the same time. Please initial that you understand and agree to abide by these regulations should you hired or contracted by FairRyde Transportation Inc.\_\_\_\_\_\_\_\_.

(Initials)

***To Be Read and Signed By Applicant***

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

• Review information provided by previous employers;

• Have errors in the information corrected by previous employers and for those previous employers tore-send the corrected information to the prospective employer; and • Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Applicants Signature Date***

(rev 11-14)