



ON TIME

Excellence in Mobility Assistance

APPLICATION FOR EMPLOYMENT

(Answer all questions-please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____ Position (s) Applied for _____

Name _____
Last First Middle

Previous name if you have had a name change: _____
Last First Middle

List your addresses of residency for the past 5 years.

Current Address _____ How Long? _____
Street City State & Zip Code

Previous Address _____ How Long? _____
Street City State & Zip Code

(_____) _____ (_____) _____ _____
Home Phone Cell Phone Email Address

Do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ Where? _____

Date: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony which is related to the functions or qualifications of the position for which you are applying? Yes No
If YES, please explain: _____

(NOTE: A conviction record will not necessarily be a bar to employment. This question does not apply to convictions which have been sealed or expunged.)

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish. _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY/STATE)

DRIVING/CREDENTIALS HISTORY

	INITIAL DATE	LICENSE OR CERTIFICATION NO.	STATE	CURRENT EXPIRATION DATE
DRIVER LICENSE				
CDL LICENSE				
EMT SINCE				
MAVT SINCE				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES___ NO___

B. Has any license, permit or privilege ever been suspended or revoked? YES___ NO___

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS: _____

CLASS OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
	FROM	TO	
CAR OR MINIVAN			
MEDICAL VAN			
AMBULANCE			
MOTORCOACH-SCHOOL BUS			
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

ACCIDENT RECORD

LIST ALL ACCIDENTS IN THE PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED - IF NONE, WRITE NONE)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES

*LIST ALL VIOLATIONS FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH SHEET IF MORE SPACE IS NEEDED - IF NONE, WRITE NONE)*

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS-OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

SPECIFY AVAILABILITY

<i>Availability</i>	<i>From</i>	<i>To</i>	<i>Exceptions/Notes/Comments</i>
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			
Saturday:			
Sunday:			

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize On Time to make such investigations and inquiries of my personal, employment, financial, medical, and criminal history and other related matters as may be necessary in arriving at an employment decision. I consent to drug testing, physical fitness testing such as lifting, job knowledge testing and other testing necessary to determine by ability to perform the functions of the job for which I am applying.

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. I hereby release On Time from liability if they determine based on the afore-mentioned inquiries and testing results that I am not suitable for the job for which I am applying.

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.

Date

Applicant's Signature