**CompassCARE Transportation Inc.**

**Chair Car Driver Employment Application (Please Print)**

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| **Last Name** | | | | | | | | | **First Name** | | | | | | | |
| **Home Address** | | | | | | | | | **City** | | | | | | | |
| **State** | **Zip Code** | | | | | | **Age** | | | | **Gender** | | | **Email Address** | | |
| **Phone Number** | | | | **Are You a U.S. Citizen? Y or N** | | | | | | | | **If No, are you authorized to work in the U.S.?** | | | | |
| **Driver’s License Number** | | | | | | **Driver class (circle)**  **A B C D M** | | | | | | | | | | **Years driving?** |
| **Highest Level of Education Completed** | | | | | | | | | **High School / College Name** | | | | | | | |
| **Are you COVID-19 vaccinated?**  **Y or N** | | **Are u fluent in another language? Y or N** | | | | | | | | | | | **If yes, what language?** | | | |
| **Emergency Contact** | | **Emergency Contact Phone Number** | | | | | | | | | | | **Relationship?** | | | |
| **Military Service, If any?** | | | | | | | | | **If So, Are you still Active?** | | | | | | | **How many years have you Served?** |
| **Have you ever been convicted of a Felony or any misdemeanor charges? Y or N** | | **If yes, explain?** | | | | | | | | | | | | | | |
| **Have you received a speeding ticket or traffic violation in the last 7 years? Y or N** | | | | | | | | | | | | **If yes, how many and why?** | | | | |
| **Have you been in a car accident in the last 7 years? How many? Y or N** | | | | | | | | | | | | **If yes, who was at fault?** | | | | |
| **Are you able to pass a drug test for state mandate? Y or N** | | | **Are you willing to give consent for CORI?**  **Y or N** | | | | | | | | | **Are you willing to give consent to review your driving record?**  **Y or N** | | | | |
| **1. Previous Employment** | | **How long did you work?** | | | | | | | | | | | **Reason for leaving?** | | | |
| **2. Previous Employment** | | **How long did you work?** | | | | | | | | | | | **Reason for leaving?** | | | |
| **3. Previous Employment** | | **How long did you work?** | | | | | | | | | | | **Reason for leaving?** | | | |
| **Have you ever driven a chair car? Y or N** | | **If yes, what company?** | | | | | | | | | | **If yes, months / years experience?** | | | | |
| **Full Time / Part Time** | | | | | | | | | | **What days are you available for work? (Circle days)**  **Sun Mon Tues Wed Thurs Fri Sat** | | | | | | **What hours available?** |
| **Are you willing to wear a face mask while in the vehicle with a passenger?** | | | | | | | | | | | | **Are you willing to wear a face mask into facilities for pick-up / drop-off of patients?** | | | | |
| **What towns / cities are you familiar with?** | | | | | | | | **Are you willing to always keep the vehicle’s interior/exterior clean at all times?** | | | | | | | | |
| **Name of Referral** | | | | | **Position** | | | | | | | | | | **Phone Number** | |
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| **It is the policy of CompassCARE Transportation to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.** |

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| **Certification**  **I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.**  **I authorize CompassCARE Transportation to contact former employers and educational organizations regarding my employment and education. I authorize my former employers, educational organizations and those persons designated as references to fully and freely communicate information regarding my previous employment, attendance and grades.**  **I authorize CompassCARE to use my information to obtain and assess my driving record.**  **If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be “at-will.”**  **In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of CompassCARE Transportation, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.**  **I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**  **----------------------------------------------------------------------------- --------------------------------**  **Applicants Signature Date** |