**Employment Application**

HandiCar Transportation Driver\_\_\_ Aide\_\_\_

*1137 N. Winstel Blvd. Tucson, AZ 85716*

**Applicant Information**

|  |  |  |
| --- | --- | --- |
| Legal Last Name | Legal First Name | Legal Middle Name |
| Home Address | City | State | Zip Code |
| Mailing Address (If Different) | City | State | Zip Code |
| Maiden Name and/or Former Names | Social Security # |
| Driver's License State, Number | Date of Birth | Email Address |
| Home Phone | Cell Phone | Requested Start Date:  |

**Employment Verification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please Answer Each Question:** | **Yes** | **No** |  | **Yes**  | **No** |
| Have you the right to remain permanently in the United States? |  |  | Are you currently employed?  |  |  |
| Have you ever been convicted of a Felony? |  |  | Are you seeking full-time employment? |  |  |
| Have you ever worked for this company in the past? |  |  | Are you seeking part-time employment |  |  |
| Has any License, Permit, or Privilege ever been suspended or revoked? |  |  | Have you had any accidents during the past five (5) years? |  |  |
| Have you ever been denied a License, Permit, or Privilege to operate a motor vehicle? |  |  | Have you had any Traffic violations during the past five (5) years? |  |  |
| Have you been convicted of a DUI in the past five (5) years? |  |  | Have you had previous experience representing a company with customers? |  |  |
| Please explain "yes" answers on next page: | Please describe on next page: |
|
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|
| Have you had a D.O.T physical exam in the last two (2) years? |  |  | If yes, when? Date of Exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Employment History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company 1** | **Address** | **Date from:** | **Date To:** | **Position** |
| Description of Duties |
|
|
|
| Reason for Leaving: |
| **Company 2** | **Address** | **Date from:** | **Date To:** | **Position** |
| Description of Duties |
|
|
|
| Reason for Leaving: |
| **Company 3** | **Address** | **Date from:** | **Date To:** | **Position** |
| Description of Duties |
|
|
|
| Reason for Leaving: |
| **Company 4** | **Address** | **Date from:** | **Date To:** | **Position** |
| Description of Duties |
|
|
|
| Reason for Leaving: |

**Education History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Location of School** | **Years Attended** | **Graduated?** | **Diploma/Degree Received?** |
| High School |  |  |  |
| College or University |  |  |  |
| Business or Trade School |  |  |  |

**Military Service**

|  |  |  |  |
| --- | --- | --- | --- |
| **Branch of Service** | **From** | **To** | **Rank** |
|  |  |  |  |
|  |  |  |  |

**References**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address & Phone #** | **Business** | **Years Known** | **Can We Contact?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Equal Opportunity Policy**

The policy of the corporation prohibits any employment practice which in any way discriminates or tends to discriminate against any person, employee, or applicant for employment with respect to compensation, terms, conditions, or privileges of employment because of an individual’s race, color, religion, national origin, marital status, eligibility for military service, gender, age, or handicap as provided by law.

**Read Carefully**

The information contained in this application is correct and accurate to the best of my knowledge. I understand that employment is subject to verification of applicable lawful age and legal right to remain in the United States and I will furnish and submit such lawful proof, documents, and permits as may be necessary to verify the same.

I hereby agree to submit to medical examination and I authorize any physician who has ever examined or treated me to give a complete record and report.

I authorize: (A) investigation of the information contained in this application, of other matters concerning my past employment or other activities. (B) The issuance of reports or other statements which maybe furnished or obtained concerning the same. (C) a background check to be conducted prior to employment. I hereby release from any and all liability and responsibility all persons, companies, or corporations supplying such information and in obtaining the same.

I understand that a fingerprint clearance card will be required after employment. If I am denied a fingerprint clearance card, and I am unable to obtain a good-cause exception, I understand that I will be terminated, and the fingerprint clearance card application fee the company is require to pay will be deducted from my final pay check.

I agree to use such personal protective equipment and devices as may be required by the corporation and to comply with safety rules and requirements.

I understand that any misleading or incorrect statements may render this application void and in the event of my employment would be cause for immediate dismissal.

***I have carefully read the above and fully understand the same.***

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 Signature Date

Office Use Only