



## Employment Application

<b>Position You Are Applying For:</b> <i>(Circle One):</i> Routine Driver Crisis Driver Attendant Administrative Manager							
<b>Note:</b> Please complete all areas of the application. Entries of "See Resume" are unacceptable. Please enter N/A ("not applicable") for areas that do not apply to you, and place a check mark next to Yes or No for any of the following questions.							
<b>Personal Data</b> <i>(Please print or type all requested information)</i>							
Name:				Social Security Number:			
Present Address: (street, city, state, zip):							
Home Phone#:		Mobile Phone#:		E-mail Address :			
How were you referred to this company?				<input type="checkbox"/> Referral <input type="checkbox"/> Internet <input type="checkbox"/> Vehicle <input type="checkbox"/> Walk-in <input type="checkbox"/> Other			
Have you previously been employed with this company?				Yes (list title and dates)			No
Under what name (if different) have you previously applied or been employed?					<i>(e.g., maiden name)</i>		
Do you have any relatives employed by this company? Name:					Relationship:		
<i>Determination of employed relatives does not exclude an applicant from employment, however may be considered to prevent placement, which may create conflicts of interest.</i>							
If hired, can you present evidence of U.S. Citizenship or proof of legal right to work in this country?				Yes		No	
Are you age 18 or older?		Yes	No	<i>Proof of age and work permits may be required prior to hiring</i>			
If applying for a driving position, do you have 3 years of driving experience?				Yes		No	
Are you able to perform the essential requirements of the position for which you are applying for?				Yes		No	
If no, are there reasonable accommodations that can be made to allow you to perform essential requirements of the job?				Yes		No	
Have you ever been convicted of a felony or misdemeanor?				Yes		No	
If YES, please explain the circumstances of the conviction. <i>A conviction will not necessarily disqualify an applicant from employment.</i>							
Have you ever served in the Armed Forces?				Yes		No	
				From:(mo/yr)		To:(mo/yr)	
<b>Salary Requirements &amp; Availability</b>							
Availability: <i>(circle as many as apply):</i>		Full-Time	Part-Time	Temporary	Day Shift	Night Shift	
List any days of the week you are able to work:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday Sunday
List hours of availability:							
Would you work overtime if necessary?		Yes			No		
Would you work on holidays if necessary?		Yes			No		
Would you work on weekends?		Yes			No		
Minimum Salary Required: <i>(circle one):</i>		\$	Hourly	Annually	Date Available To Start:		

<b>Education</b>					
	Name and Location of School	Subject Studied	Graduated?	Years/Units Completed	Degree Held
High School		Not applicable	Yes No	Not applicable	Not applicable
College/University			Yes No		
Trade/Business School			Yes No		
Other (List type of School) (i.e., GED)			Yes No		
<b>Skills</b>					
Please list any other skills or training related to the position you are seeking. (Include software programs, typing and/or shorthand speed, 10 key, etc.) Please indicate your skills by checking the appropriate boxes:					
Data Entry (KSPH) _____		Typing (WPM) _____		10-key Touch Slight	
Work processing systems/programs:		Phones Multi-line (# of lines):		Other Skills:	
Languages:(read, write & speak)	Beginner		Intermediate		Fluent
Spanish					
French					
Other:					
<b>Licensure/Certification</b>					
EMT (include EMT Certification #)	CNA/BHT	CPI	First Aid / CPR (circle one or both if applicable)		
Please list current Professional Registration, License or Certification if applicable:					
Type:	State:	Number:		Expiration:	
Type:	State:	Number:		Expiration:	
<b>Employment History</b>					
List all employment for the past ten years (account for all periods of unemployment). This section must be completed even if attaching a resume. Please complete in full the telephone numbers, addresses and names of supervisors. Attach additional pages as necessary.					
I. Name of Employer: (Current or Most Recent)			May we contact this employer?	Yes	No
Street Address:			Phone/Area Code:		
City:	State	Zip			
Starting Employment Date:	Starting Salary:	Starting Title:		Other Compensation:	
Ending Employment Date:	Ending Salary:	Ending Title:			
Name & Title of most recent supervisor:			Reason for leaving or seeking new employment?		
Job Duties:					

**Employment History** *continued*

2. Name of Employer: <i>(Current or Most Recent)</i>			May we contact this employer?	Yes	No
Street Address:			Phone/Area Code:		
City:	State	Zip			
Starting Employment Date:	Starting Salary:	Starting Title:	Other Compensation:		
Ending Employment Date:	Ending Salary:	Ending Title:			
Name & Title of most recent supervisor:			Reason for leaving or seeking new employment?		
Job Duties:					

3. Name of Employer: <i>(Current or Most Recent)</i>			May we contact this employer?	Yes	No
Street Address:			Phone/Area Code:		
City:	State	Zip			
Starting Employment Date:	Starting Salary:	Starting Title:	Other Compensation:		
Ending Employment Date:	Ending Salary:	Ending Title:			
Name & Title of most recent supervisor:			Reason for leaving or seeking new employment?		
Job Duties:					

**Employment References** Provide the names of three persons, not related to you, who can attest to your work performance

Name	Relationship	Daytime Phone/Area Code	Years Known
1.			
2.			
3.			

**Activities** Please list any professional affiliations, memberships, activities, experiences, achievements or other special skills not mentioned elsewhere that relates to the position for which you are applying. (Exclude those which indicate race, color, gender, national origin, religion, marital status, veteran/uniformed services status, age, disability, or other protected class status).


**DRIVER INFORMATION AND QUALIFICATIONS**

Do you have a Driver's License?     Yes    No

Driver's License Number: \_\_\_\_\_    State Issued: \_\_\_\_\_    Exp. Date: \_\_\_\_\_

List any motor vehicle violations in which you were convicted or forfeited bond or collateral during the last five (5) years:

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List any motor vehicle accidents in which you were involved during the last five (5) years. Provide date of vehicle accident, nature of the accident and any fatalities or personal injuries it caused:

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Have you ever had any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to you:    Yes \_\_\_\_ No \_\_\_\_

If yes, provide detail of the fact(s) and circumstance(s):

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List all traffic violations (other than parking violations) that you have been convicted or forfeited bond or collateral during the past twelve (12) months:

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I certify that the above information is true and accurate to the best of my ability.

\_\_\_\_\_  
Date of Certification

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Reviewed By: Signature

\_\_\_\_\_  
Title

**Please Read Carefully**

**Application Form Waiver**

**As an indication that you have read and understood the following, please sign and date at the bottom of this page.**

In exchange for the consideration of my job application by Comtrans, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like, as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that the relationship cannot be altered except by a written instrument signed by the CEO of the Company. Both the undersigned and the Company may end the employment relationship at any time, for any or no reason, with or without notice.

I authorize investigation of all statements contained in this application; I understand that the misrepresentation or omission of facts called for is cause for dismissal. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

**Name of Applicant** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

The Company is an equal employment opportunity employer. The Company adheres to a policy of making employment decisions without regard to race, color, gender, national origin, religion, marital status, veteran/uniformed services status, age, disability, or other protected class status.