



Non-Emergency Medical Transportation

4801 E. Historic 66 / Mail only: P.O. Box 167
Rehoboth, New Mexico 87322

Phone: (505) 863-9922, Toll Free: 1(866)513-9922, Fax: (505)863-3823

Rehoboth, NM Farmington, NM Kayenta, Az. Sante Fe, NM

Name: _____

Date: _____

Pre-Employment Requirements for Drivers:

_____ *Copy of Driver's License (clear copy) Expires:_____

_____ *MVR/Driving Record (last 10 years) (49 CFR 391.23(a) (2) & (c)) Date:_____

_____ *County Criminal Background Check (Sheriff) Date:_____

_____ *TB Test Results/Statement Date:_____

_____ *First Aid and CPR Certification Expires:_____

_____ *Motor Vehicle Record Disclosure and Release Form and _____ *Occuscreen Signature Sheet

_____ *Must have Reliable Transportation and *Reliable Telephone Service Acknowledged:_____

_____ *State of Arizona Dept of Public Safety Level One Fingerprint Clearance Card Expires:_____

_____ No DUI's or suspensions for the past (5) five years and "Must" be Insurable:_____

_____ Medical Examiners Certificate (49CFR391.43) Expires:_____

_____ Pre-Employment Drug Screen (49CFR382) Date:_____

_____ Must have at least two (2) years of NEMT or Have driven a company vehicle. Dates:_____ to_____

_____ Must be 25 years of age or older, able to drive in incimate weather and available 24/7(on call).

I have completed the above requirements to the best of my knowledge and was informed this is not 8-5 position.

Potential Applicant's Signature: _____ Date:_____

*****Incomplete applications will not be accepted***.**

***Required Documentation**



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Application for Employment

It is the policy of this company to extend equal opportunities to all qualified applicants without regard to race, religion, color, sex, age, national origin, and disability, except where age, sex, or disability is a bona fide occupational qualification.

Date: _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Home Phone Number: _____

E-Mail Address _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You will be required to provide documentation on date of hire). Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work swing shift? Yes No

Are you willing to work graveyard? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application). Yes No

If Yes, please describe conditions:

Employment Desired:

Position applying for: _____

How did you hear about Care Express? _____

Have you ever applied for employment with Care Express Transportation, Inc.? Yes No

If yes, when? _____ Where? _____

Have you ever been employed by Care Express Transportation, Inc.? Yes No

If yes When? _____ Where? _____

Do you know anyone who works for Care Express Transportation, Inc.? Yes No

If yes Who? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

If yes, Name: _____ Phone Number: _____

Title: _____

Are you available for full-time employment? Yes No

Are you available for part-time employment? Yes No

Are you willing to relocate? Yes No

Desired position: _____

Desired salary: _____

Date you can start: _____

Please list applicable skills:

Education:

	Name of School	Year	Major	Degree
High School				
College				
College				
Vocational				
Other				

Other Skills:

Please list other skills, qualifications, or experience that we should consider:

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies? Yes No

If yes, where and what courses of study?

Employment History for at last (7) seven years: (Please start with most recent employer).

Company Name: _____

Address: _____

Date Started: _____ Starting Wage: _____ Starting position: _____

Date Ended: _____ Ending Wage: _____ Ending position: _____

Name of Supervisor: _____

Reason for leaving: _____

May we contact? Yes No

If yes, Phone Number: _____

Company Name: _____

Address: _____

Date Started: _____ Starting Wage: _____ Starting position: _____

Date Ended: _____ Ending Wage: _____ Ending position: _____

Name of Supervisor: _____

Reason for leaving: _____

May we contact? Yes No

If yes, Phone Number: _____

Company Name: _____

Address: _____

Date Started: _____ Starting Wage: _____ Starting position: _____

Date Ended: _____ Ending Wage: _____ Ending position: _____

Name of Supervisor: _____

Reason for leaving: _____

May we contact? Yes No

If yes, Phone Number: _____

References:

List three personal references, not related to you, who have known you for more than one year.

Name: _____ Phone: _____ Years known: _____

Address: _____

Name: _____ Phone: _____ Years known: _____

Address: _____

Name: _____ Phone: _____ Years known: _____

Address: _____

Emergency Contact:

In case of an emergency, please notify:

Name: _____ Phone (h/c): _____

Address: _____

Physical Address: _____

Name: _____ Phone (h/c): _____

Address: _____

Physical Address: _____

Name: _____ Phone (h/c): _____

Address: _____

Physical Address: _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with company, I will comply with all policies, rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

The undersigned, I _____ certify that this application was completed by me, that all information provided to the Employer is true and accurate to the best of my knowledge, and I authorize/consent to a Complete Background Check, Motor Vehicle Record Check, Work History, Pre-Employment Drug/BAC Screen, through any consumer investigative, clinic or reporting agency by the Employer. I also understand that I must be on time, ready to transport patients 24 hours a day seven days a week and I will be on call 24/7.

Applicant's Signature: _____ Date: _____

Motor Vehicle Record Disclosure and Release

In connection with my ongoing employment or my application for employment, should I have or secure a position with Care Express Transportation Inc., I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Care Express Transportation Inc. or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Care Express Transportation Inc. commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

PLEASE PRINT LEDGIBLY

Full Legal Name (include middle initial)

Drivers License Number / State

Date of Birth

Signature

Date