



TRANSPORTATION WORKER APPLICATION

It is the goal of this organization to create a safe and secure environment for all residents and staff. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services through our transportation services. This information will be used for the sole purpose of helping the organization select drivers and provide a safe and secure environment.

Name:	Date:	
Date of Birth:	Social Security #:	
Have you ever used name(s) other than the one above? If yes, please list:		
Current Address:	City:	State:
Years at Address:		
Previous Address:	City:	State:
Home Phone No.:	Work Phone No.:	

Please respond to all questions that apply to the position you are applying/volunteering for:

Position applying/volunteering for:		
When are you available to work?		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License No.:	State:
Do you have a commercial license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License No.:	State:
Do you have current insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurance co:	
Name of agent:	Agent's Phone No.:	
Have you ever provided transportation for another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the organizations and dates:		
What types of vehicles have you been trained to drive?		

Traffic Violations		
Type	Date	Result

Have you ever been the subject of an abuse investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:
Have you ever been convicted or plead guilty to a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:

Employment	
Current employer:	Length of employment:
Name of supervisor:	Phone number:
Previous Employers (within last five years)	Dates Employed

Educational Background				
	Name	Graduate?	Year	Degree or course of study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please explain why you are qualified for the desired position:				

Please list two references (must be of a business or organizational nature)	
Name:	Phone:
Address:	Years known each other:
Name:	Phone:
Address:	Years known each other:

I hereby give permission to make a thorough investigation of my past employment, education, and background and release from liability all persons, companies, or corporations supplying such information. I also release the church from any liability that might result from making such an investigation. And, I understand that any false statements or implications made by me on this application, or other required documentation, shall be considered sufficient cause for denial of employment or discharge.

Signature: _____ Date: _____

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This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions.

You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.



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