



SENIOR Transportation



707 White Horse Pike
Suite B-7
Absecon, NJ 08201

Phone: (609) 407-9897

Fax: (609) 407-9537

PLEASE PRINT ALL INFORMATION LEGIBLY

Date of Application: _____

Social Security Number (last four numbers only): _____

Name: _____
LAST FIRST MIDDLE (MAIDEN)

Present Address: _____
NUMBER STREET

CITY

STATE

ZIP CODE

Phone Number: (____) _____ Cell Phone: (____) _____ Beeper: (____) _____

Position(s) Applied for: _____ Full-Time Part-Time

If part-time, specify days and hours available:

Sun Mon Tues Wed Thurs Fri Sat

Have you ever worked or attended school under a different name? Yes No If "Yes," please give name(s):

Have you ever been convicted (or conditionally discharged and/or admitted to a Pre-Trial Intervention Program) for any crime other than a minor traffic violation. Yes No If "Yes," please explain:

Are you under 18 years of age? Yes No

Military Service

Are you now or have you ever served in the Armed Services? Yes No

If yes, What Branch? _____ When: From _____ To: _____

Specialty: _____

Service Schools Attended: _____

_____What rank did you achieve? _____ Type of Discharge: _____

EDUCATIONAL INFORMATION

School	Circle Highest Year Completed	Name of School City & State	Graduated	Course of Study	Degree Received
High School	1 2 3 4		<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		
College/ University	1 2 3 4		<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		
Graduate	1 2 3 4		<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		
Other	1 2 3 4		<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		

Please summarize any special training, professional licensing, or certifications that you have acquired or achieved: _____

EMPLOYMENT HISTORY

(Begin with your most recent or present employer... all spaces must be completed.)

Employer _____ Employed From: _____ To: _____

Address: _____ Starting Salary: _____ Per _____

Street

_____ Ending/Present Salary: _____ Per: _____

City Zip Code

Telephone: () _____ Supervisor: _____

Job Title & Description: _____

Reason For Leaving: _____

Employer _____ Employed From: _____ To: _____
Address: _____ Starting Salary: _____ Per _____
 Street
 _____ Ending/Present Salary: _____ Per: _____
 City Zip Code
Telephone: () _____ Supervisor: _____
Job Title & Description: _____

Reason For Leaving: _____

Employer _____ Employed From: _____ To: _____
Address: _____ Starting Salary: _____ Per _____
 Street
 _____ Ending/Present Salary: _____ Per: _____
 City Zip Code
Telephone: () _____ Supervisor: _____
Job Title & Description: _____

Reason For Leaving: _____

Employer _____ Employed From: _____ To: _____
Address: _____ Starting Salary: _____ Per _____
 Street
 _____ Ending/Present Salary: _____ Per: _____
 City Zip Code
Telephone: () _____ Supervisor: _____
Job Title & Description: _____

Reason For Leaving: _____

May we contact your current employer for a reference? _____

If you are applying for a position which requires driving (for instance: MAV-T/EMT):

Number of Years Driving: _____

Your Driver's License Number: _____ State: _____

Have you had any accidents in the last three years? Yes No If "Yes", explain: _____

Have you had any tickets in the last three years? Yes No If "Yes", explain: _____

Has your license ever been suspended? Yes No If "Yes", for what? _____

APPLYING FOR WHEELCHAIR COACH TECHNICIAN

Do you already have MAV-T or PAT certification? Yes No

If Yes, MAV-T or PAT Number: _____

Who was your employer where you were certified or you last employer where that certification was used _____

Have you had CPR Training? Yes No If Yes, when does it expire? _____

Have you had First Aid Training? Yes No Have you had Defensive Driving? Yes No

APPLYING FOR EMERGENCY MEDICAL TECHNICIAN

Are you currently certified as an EMT? Yes No

If Yes, are you in the National Registry? Yes No

Is your EMT Certification Current? Yes No – Is your CPR current? Yes No

Do you have any medical or physical limitations that would preclude you from serving as an Emt? Yes No

Have you worked for any other companies as an EMT? Yes No

If yes, Company: _____ From: _____ To: _____

Company: _____ From: _____ To: _____

Company: _____ From: _____ To: _____

APPLYING FOR AN OFFICE POSITION

Do you have previous Office Experience? Yes No – If yes, please briefly explain: _____

Have you had customer relations experience? Yes No – If Yes, please briefly explain: _____

Have you had experience dispatching taxi cabs, emergency vehicles, etc? Yes No

Can you type? Yes No – Words per minute _____

Do you have computer experience? Yes No – If yes, please briefly explain: _____

If yes, with what software? _____

Have you had any experience with Medical Billing? Yes No – If Yes, please briefly explain: _____

Have you had any experience in Accounting? Yes No
If yes, Accounts Payable, Accounts Receivable, Both

Do you believe that you can work without large amounts of supervision once your probationary period is complete? Yes No

Other Information regarding your office skills, office machinery, office experience that you want to tell us about that might assist us in deciding whether or not to hire you for our office team: _____

Other Information that may assist us in deciding whether or not you should join the SENIOR *Transportation* team: _____

Please list three (3) references with names addresses and phone numbers. (References cannot be related to you).

Name: _____ Name: _____ Name: _____
Street: _____ Street: _____ Street: _____
City: _____ City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____ State: _____ Zip: _____
Phone: _____ Phone: _____ Phone: _____

I authorize any representative of Senior Transportation to investigate my background, including but not limited to, references, education and work history. I authorize the above and any other individual or entity that may possess information about my background to provide full disclosure without prior notice to me. I release all of the above from any and all liability for damage of any kind that may at any time result to me because of compliance with this authorization to release information:

Applicant Signature: _____ Date: _____

I certify that the information given on this application is true, correct, and accurate. I grant permission to authorize SENIOR *Transportation* officials, representatives, and/or agents to contact any of the schools, former employers, or other references listed unless otherwise stated in this application. I understand that omissions or misrepresentations of the facts stated or implied on this form is sufficient cause for rejection of this application or my dismissal if I am employed.

Printed Name: _____

Signature: _____ Date: _____