SUNRISE TRANSPORTATION / NEMT DRIVER EMPLOYMENT APPLICATION

Please complete all sections. Attach additional information if needed.

1. APPLICANT INFORMATION

Full Legal Name: _____

Address: _____

City / State / ZIP: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Are you at least 23 years old? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

2. POSITION & AVAILABILITY

Position Applied For: ☐ NEMT Driver ☐ Other: _____

Employment Type: ☐ Part-Time ☐ Full-Time

Availability: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Earliest Start Date: _____

Preferred/Available Hours: _____

3. DRIVER'S LICENSE & MOTOR VEHICLE RECORD

Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License Number: _____

State Issued: _____

Expiration Date: _____

License Type/Class: _____

Has your driver's license ever been suspended, revoked, canceled, or subject to a major restriction? ☐ Yes ☐ No

If yes, please explain: _____

Have you received any moving violations in the past three (3) years? ☐ Yes ☐ No

If yes, please explain: _____

Have you been involved in any motor vehicle accidents in the past three (3) years? ☐ Yes ☐ No

If yes, please explain: _____

4. HEALTHCARE TRANSPORTATION EXPERIENCE

Have you worked in healthcare transportation? ☐ Yes ☐ No

NEMT driving / ambulance or medical transportation experience? ☐ Yes ☐ No

Wheelchair passenger transportation experience? ☐ Yes ☐ No

Experience using wheelchair ramps and/or lifts? ☐ Yes ☐ No

Experience safely securing wheelchairs/passengers? ☐ Yes ☐ No

Experience assisting passengers with mobility needs? ☐ Yes ☐ No

Years of Relevant Experience: _____

5. EMPLOYMENT HISTORY

Employer 1

Company Name: _____	Position: _____
City: _____	State: _____
Supervisor: _____	Dates Employed: _____
Reason for Leaving: _____	
Duties / Responsibilities: _____	
May we contact this employer? ☐ Yes ☐ No _____	

Employer 2

Company Name: _____	Position: _____
City: _____	State: _____
Supervisor: _____	Dates Employed: _____
Reason for Leaving: _____	
Duties / Responsibilities: _____	
May we contact this employer? ☐ Yes ☐ No _____	

Employer 3

Company Name: _____	Position: _____
City: _____	State: _____
Supervisor: _____	Dates Employed: _____
Reason for Leaving: _____	
Duties / Responsibilities: _____	
May we contact this employer? ☐ Yes ☐ No _____	

6. BACKGROUND INFORMATION

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain (do not include information prohibited by applicable law): _____

Do you have any criminal charges pending? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been denied employment by, or terminated from, an NEMT / medical transportation position? ☐ Yes ☐ No

If yes, please explain: _____

Has any professional license or certification ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain: _____

Are you currently subject to any restrictions that would prevent you from safely performing the essential duties of this job, including weight/lifting/bending restrictions? ☐ Yes ☐ No

If yes, please explain: _____

7. CERTIFICATIONS & TRAINING

Please check all that apply: ☐ CPR ☐ Passenger Assistance ☐ HIPAA ☐ NEMT ☐ Defensive Driving ☐ Other

Other certification/training: _____

Certification / License Number(s), if applicable: _____

Expiration Date(s), if applicable: _____

8. PROFESSIONAL REFERENCES

Reference	Name	Relationship	Phone / Email
1			
2			
3			

9. DRUG & ALCOHOL TESTING AUTHORIZATION

I understand that, as a condition of employment where permitted or required by applicable law and company policy, I may be required to submit to a drug and/or alcohol test before being hired and may be subject to additional testing during employment as permitted or required by applicable law and company policy.

I authorize such testing under the terms described above. ☐ Yes ☐ No

10. APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false, misleading, or omitted information may result in disqualification from employment or, if employed, disciplinary action up to and including termination, subject to applicable law. I understand that employment is subject to applicable company policies, required qualifications, and applicable law.

Applicant Signature: _____

Printed Name: _____

Date: _____