



**EXPERIENCE:** Please put the most recent income first.

MOST RECENT SOURCE OF INCOME		PRIOR SOURCE OF INCOME		PRIOR SOURCE OF INCOME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE NUMBER		CONTACT OK?		PHONE NUMBER	
SUPERVISOR		RATE OF PAY		MAY WE CONTACT	
START DATE		END DATE		START DATE	
POSITION/DUTIES		POSITION/DUTIES		POSITION/DUTIES	
REASON FOR LEAVING		REASON FOR LEAVING		REASON FOR LEAVING	

**SECURITY:** List any States and Counties of residence for the past seven years

1.	3.	5.
2.	4.	6.

YES  NO Have you used any names or Social Security numbers other than those on page one?

If so, please list \_\_\_\_\_

YES  NO Have you ever been arrested and or convicted of any crime and / or served time for a crime in your lifetime?

If so, please describe below;

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

Do you have any points on your license currently?  YES  NO If so, how many? \_\_\_\_\_ What are the points for?

1.	4.	7.
2.	5.	8.
3.	6.	9.

**HEALTH & SAFETY**

YES  NO Have you ever had any work related injury or illness? If so, please describe below.

INCIDENT	CITY/STATE	EMPLOYER	DETAIL (include body part)
1.			
2.			
3.			
4.			

YES  NO Do you have any physical or mental conditions which may affect your performance?

YES  NO Do you regularly take any prescription medicine or drugs which may affect your performance or safety?

**REFERENCES:**

Include only individuals familiar with your work character. Do NOT include relatives.

NAME	ADDRESS / PHONE	YRS KNOWN / RELATIONSHIP
1.		
2.		
3.		

**COMMENTS:**

Please use this section for any additional comments or clarifications.

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**\*\*NOTE\*\***

Enrollees must supply the following items with the enrollment when enrolling in person or if enrolling on line please present at time of request.

- A copy of your Drivers License
- A copy of your Social Security card
- A copy of your EMT / Paramedic License (if applicable)
- A copy of your EVOC certification (if applicable)
- A copy of your First Aid and CPR card. If you do not have these at the time of enrollment, you will be required to obtain them with 5 days of enrollment.
- Any other relevant certifications

**CERTIFICATION AND RELEASE:**

I certify that I have read and understand the Enrollee note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this enrollment may result in rejection of my enrollment or cancellation at any time during my enrollment. I authorize Wheelchair Transport Service, Inc. and / or its agents, including consumer reporting bureaus, to verify any of this information, including, but not limited to, criminal history and motor vehicle records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during enrollment. I understand that Wheelchair Transport Service, Inc. policy requires me to submit to drug testing to detect the use of illegal drugs prior to and during enrollment.

SIGNATURE	DATE
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