

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. _____	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( ) _____	REFERRED BY _____		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
Languages Spoken:	
<b>VMT</b> operates Monday thru Saturday, 4am to 11pm.	
<b>Hours Available</b> Mon:      Tues:      Wed:      Thur:      Fri:      Sat:	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER



## **Valley Medical Transportation**

1120 N. Chinowth  
Visalia, CA 93291  
(559) 734-8743  
(559) 734-1985 - Fax

**Valley Medical Transportation is a DBA of David Heaney, M.D. Incorporated**

### **JOB REQUIREMENTS - DRIVER**

**include but are not limited to:**

1. Active Drivers License (provide legible copy)
2. Social Security Card (copy)
3. DMV print out, with clean record (less than 30 days old) - turned in with application and annually thereafter.
4. Signed and Dated 'Authorization to Release Information' - required w/ application
5. Signed Disclosure and Release Form - required w/ application

Notes: New hires are hired in at minimum wage during training (approx. 40 hours), upon release of training, a driver will receive an increase applicable to their experience and aptitude. An additional review will be done in 90 days from release of training. Full time drivers are eligible for benefits; sick, holiday, vacation, health and dental insurance.

### **OTHER REQUIREMENTS**

(●Paid for by VMT, to be reimbursed by Employee if employed less than 6 months.)

1. ●9 hour Community First Aid and Safety course w/ passing certificate - every 3 years
2. ●Adult CPR course w/ passing certificate - yearly
3. ●Department of Transportation Physical - initial and every 2 years
4. ●Negative Drug & Alcohol Test - initial, w/ every DOT physical & upon request
5. Mandatory Driver Safety Meetings - every 3 - 4 months (Sun attendance). Meetings are held at the Home Office (Visalia, CA) - hourly rate paid for time of attendance. Transportation to/from the meeting are your responsibility. Employees traveling from farther North than Fresno will receive an extra 2 hours pay for their travel time & gas.

## AUTHORIZATION TO RELEASE INFORMATION

**To: Previous/Current Employer(s)  
Personal References**

Please be advised that I have applied for a position with Gateway Home Dialysis, Inc. I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I authorize the investigation of my past and present health, character, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

This authorization is valid for 90 days from the date of my signature below. Please keep this copy of my release request for your files. Thank you for your cooperation.

\_\_\_\_\_  
Print Name - clearly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMPLOYEE AUTHORIZATION FORM**  
**DISCLOSURE AND RELEASE FORM**  
**Employee Driving Record Information**

**Valley Medical Transportation**  
**1120 N. Chinowth St.**  
**Visalia, CA 93291**

Your Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

I understand that Consumer Reports, including Motor Vehicle Reports and Medical Reports, may be obtained as part of Valley Medical Transportation's evaluation of my job application and/or employment. The reports may be obtained by the Company's insurance broker or insurance company and may include my driving record, an assessment of my insurability under the Company's insurance coverages, or other consumer reports. By signing this disclosure I hereby authorize the Company to procure such reports and additional reports about me from them to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

\_\_\_\_\_  
Signature of Job Applicant / Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Job Applicant / Employee