



Dear Applicant:

The following steps will allow us to quickly process your application and get you to work as soon as possible:

1. Fill out, sign, and submit the following forms with a copy of your resume if you have not yet turned one in.
 - a. Application
 - b. Authorization Release of Driver Record
 - c. Authorization of Background Check
 - d. Essential Physical Functions
2. A job description is included in your packet. Please read carefully and ensure that you are able to meet the physical demands of the job. You **MUST** clear a detailed physical prior to your start date.
3. Upon successful completion of your application an interview will be scheduled. Please be prepared at your interview with the following documents:
 - a. Current CA Driver's License
 - b. Proof of current auto insurance
 - c. CPR/First Aid card
 - d. DMV MVR printout.
 - e. Social Security card for I-9 verification.
4. Upon a Successful interview, if offered a position, you will be scheduled for the following pre-employment tests to be completed prior to orientation:
 - a. DMV MCSA-5875 and DMV MCSA-5876 Physical
 - b. Drug/Alcohol Testing.
5. CARE-A-VAN conducts thorough background screens on all employees including but not limited to a DMV report, Criminal State and National Background screens, & Megan's Law.
6. Upon completion and passing of your tests, you will be scheduled for general orientation. **ALL PERSONNEL REQUIREMENTS MUST BE MET BEFORE ORIENTATION!**
7. You will be scheduled for Driver-In-Training with our Lead Driver(s).

WELCOME!



We are an Equal Opportunity Employer and we are committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Application For Employment

Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		How Did You Hear About This Position?		

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes No

Position

Position You Are Applying For	Available Start Date	Desired Pay
If Applying For The Position Of Driver, Are You Over the Age of 25? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do You Have Any Special License/Certifications That You Would Like Us To Consider?	

Employment Desired

Full Time Part Time Per-Diem

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Night Shift							

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone			
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone			
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone			
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone			
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	

Employment Application

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize _____ to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, _____

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY

COUNTY

STATE

DATE

SIGNATURE OF EMPLOYEE

X

I, _____, of _____

AUTHORIZED REPRESENTATIVE

COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY

COUNTY

STATE

DATE

SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE

X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.

CONFIDENTIAL**Background Check Authorization**

Print Name: _____

(First)

(Middle)

(Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____

(Mo/Yr) (Street)

(City)

(Zip/State)

Previous Address From: _____

(Mo/Yr) (Street)

(City)

(Zip/State)

Previous Address From: _____

(Mo/Yr) (Street)

(City)

(Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize _____ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to _____ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. _____ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

 I wish to receive a copy of any Background Check Report on me that is requested.

ESSENTIAL PHYSICAL FUNCTIONS:

Must be able to lift up to 50 pounds and push up to 400 pounds on wheels without assistance and walk minimum of 10 miles per day depending on the size of the facility. Good motor and physical skills. Constant lifting, pushing, and carrying of up to 50 pounds frequently. Prolonged sitting and maneuvering passenger van through rural and city locations. Frequent walking, standing, climbing, kneeling or squatting as required to maintain and clean the van and to assist clients.

QUALIFICATIONS:

Experience driving a passenger van preferred. Must possess and maintain a current/valid CA Driver's License. Interpersonal skills to operate in a direct patient contact environment, as typically obtained by six months previous healthcare or customer service experience. Must possess CPR and first aid certificates. Ability to interpret verbal and written information and instructions and express oneself clearly to provide information to others. Requires organizational skills and the ability to function with minimal direction on an independent basis. Must demonstrate ability to problem solve, reassess tasks and take direction regarding defined practices in rapidly changing environment. Must pass a pre-employment drug screening, DMV MCSA-5875/DMV MCSA-5876 physical, and background check. Must have infraction free DMV driving record.

Signed _____

Date _____



JOB DESCRIPTION

DATE: 8/2014	JOB TITLE: Driver
REVISED: 10/2016	DEPARTMENT: Care-A-Van
WRITTEN BY: JK	REPORTS TO: Transportation Supervisor
	APPROVED BY: JK

PRIMARY PURPOSE OF THE JOB:

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Wears clean, neat uniform while on duty.
2. Conducts pre/post inspection of assigned vehicle per shift, communicating needed repairs and/or equipment to dispatch prior to use.
3. Operates wheelchair lift per company P & P.
4. Consistently follows Universal Precautions and Infection Control practices.
5. Conducts safe loading, unloading and securing of wheelchair, gurney and ambulatory passengers.
6. Demonstrates proper use and knowledge of O2 and related equipment.
7. Transports passengers safely and efficiently and as directed by dispatch.
8. Consistently completes daily paperwork proficiently.
9. Follows facility protocols.
10. Promptly reports any and all accidents, incidents and complaints to supervisor and dispatch.
11. Handles payment on transport
12. Consistently turns in signed Physician's Authorization orders and facility face sheet as needed per transport.
13. Adheres to and complies with Vehicle Maintenance Program.
14. Demonstrates safe driving technique at all times.
15. Participates in marketing efforts as needed.
16. Demonstrates consistent customer service as evidence by customer satisfaction.
17. Maintains passenger confidentiality.
18. Consistently keeps vehicle fueled, clean and in working condition.
19. Maintains positive driving record as evidence by Employer Pull Program.
20. Assists with training of new drivers.
21. Turns in accurately completed Drivers Log daily.



JOB DESCRIPTION

DATE: August 26, 2009	JOB TITLE: Gurney Attendant
REVISED: October 31, 2017	DEPARTMENT: Care-A-Van
REPORTS TO: Transportation Supervisor	APPROVED BY: JK

PRIMARY PURPOSE OF THE JOB

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Demonstrates consistent customer service as evidenced by customers, co-workers and supervisors satisfaction.
2. Wears clean, neat uniform while on duty.
3. Consistently follows Universal Precautions and Infection Control practices.
4. Conducts safe loading, unloading and securing of wheelchair, gurney and ambulatory passengers.
5. Demonstrates proper use and knowledge of O2 related equipment.
6. Follows facility protocols.
7. Transports passengers safely and efficiently and as directed by dispatch.
8. Operates wheelchair lift per company P and P.
9. Consistently completes daily paperwork proficiently.
10. Promptly reports any and all accidents, incidents and complaints to supervisor and dispatch.
11. Handles payment on transport as applicable.
12. Consistently turns in signed Physicians Authorization orders as needed per transport.
13. Demonstrates safe driving techniques when directed.
14. Participates in marketing efforts as needed.
15. Maintains passenger confidentiality.
16. Assists in keeping vehicle fueled, clean and in working condition.
17. Maintains positive driving record as evidenced by customers, co-workers and supervisors satisfaction.