

# Helping Hands Transport inc. Application

Please download and email the completed form to [Helpinghandsinc18@yahoo.com](mailto:Helpinghandsinc18@yahoo.com) If you are unable to print out this form, please fill out all required forms on our Online application.

**Name: \***

First Name      Last Name

**Social Security # \***

**Verify Social Security # \***

**Phone Number: \***

Area Code      Phone Number

**E-mail Address: \***

example@example.com

**Address: \***

Street Address

Street Address Line 2

City                      State / Province

Postal / Zip Code

## Residence information

Please list your previous 3 addresses

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**From \***



Month Day Year

**To \***



Month Day Year

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**From \***



Month Day Year

**To \***

**Address \***



Month Day Year

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**From \***



Month Day Year

**To \***



Month Day Year

**Date of Birth \***

**Do you have the legal right to work in the United States? \***

Yes

No

**If selected "No" Please explain.**

**Can you provide proof of age? \***

Yes

No

**If selected "No" Please explain.**

**Are you Currently Employed? If not how long since leaving last employer \***

Yes

No

**If selected "No" Please explain.**

**This position requires a lot of driving and waiting on customers. Are you able to do this? \***

Yes

No

**Have you ever been convicted of a felony? \***

Yes

No

**If yes please explain below in full detail.**

**Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, please explain. \***

## **Employment History**

Please list your previous 5 employers

**Company \***

**Phone number \***

**From \***

Month Day Year



**To \***

Month Day Year



**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Position held \***

**Reason for leaving \***

**Salary/wage \***

**Company Name \***

**Phone number \***

**From \***

Month Day Year



**To \***

Month Day Year



**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Position Held \***

**Reason for leaving \***

**Salary/wage \***

**Company \***

**Phone number \***

**From \***



Month Day Year

**To \***



Month Day Year

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Position held \***

**Reason for leaving \***

**Salary/wage \***

**Company \***

**Phone number \***

**From \***



Month Day Year

**To \***



Month Day Year

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Position held \***

**Reason for leaving \***

**Salary/wage \***

**Company \***



**Phone number \***

**From \***



Month Day Year

**To \***



Month Day Year

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Position held \***

**Salary/wage \***

**Reason for leaving \***

**How were you referred to us? \***

Walk-In

Newspaper Ad

Twitter

Other (please specify)

Employee

Facebook

Craigslist

**Others:**

## Job Skills & Training

**Describe your skills: \***

**Training or Certifications: \***

## References

Please list two (3) references that are familiar with your work life not including family.

**Reference 1**

**Name: \***

First Name

Last Name

**Phone Number \***

Area Code

Phone Number

## Reference 2

**Name: \***

First Name      Last Name

**Phone Number \***

Area Code      Phone Number

## Reference 3

**Name: \***

First Name      Last Name

**Phone Number \***

Area Code      Phone Number

# Accident record

Please list all accident records in the past 3 or more years (attach file if needed below). If none, write **none**.

**Date**



Month      Day      Year

**Nature of Accident**

**Fatalities \***

Yes (Please explain)

No

**If Yes, please explain.**

**Injuries \***

Yes (Please explain)

No

**If Yes, please explain.**

**Date**



Month Day Year

**Nature of Accident**

**Fatalities \***

Yes (Please explain)

No

**If Yes, please explain.**

**Injuries \***

Yes (Please explain)

No

**If Yes, please explain.**

**Date**



Month Day Year

## Nature of Accident

### Fatalities \*

Yes (Please explain)

No

If Yes, please explain.

### Injuries \*

Yes (Please explain)

No

If Yes, please explain.

# Traffic convictions

and forfeitures for the past 3 years (other than parking violations. If none, write **none**).

## Location

## Date



Month   Day   Year

## Charge

## Penalty

## Location

**Date**



Month Day Year

**Charge**

**Penalty**

**Location**

**Date**



Month Day Year

**Charge**

**Penalty**

## Driver licenses

List all driver licenses or permits held in the past 3 years.

**State \***

**License Number \***

**Type \***

**Expiration date \***



Month Day Year

**State**

**License Number**

**Type**

**Expiration date**



Month Day Year

**State**

**License Number**

**Type**

**Expiration date**



Month Day Year

**A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \***

No

Yes

**B. Has any license, permit or privilege ever been suspended or revoked? \***

No

Yes( Please explain if either options is "YES"

**IF THE ANSWER IS TO EITHER A OR B IS YES, PLEASE EXPLAIN**

## **EDUCATION**

**Highest grade completed \***

**Last School Attended & Location (City & State) \***

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

**Initials and date: \***

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other personal from all liability in responding to inquiries and releasing information in connection with my application. In the



event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that i am required to abide by all rules and regulations of the Company.

I understand that information i provide regarding current and/or previous employers may be used and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that i have the right to:

\*Review information provided by previous employers;

\* Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and

\* Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and i cannot agree on the accuracy of the information.

**Initials and Date. \***