

Application Information

Ideal Ride Transportation Services, LLC

Please review the instructions below regarding the application requirements for our company. Failure to follow this process will prevent any further process in the application process.

- 1- Complete all sections of the application. Be sure to print legibly and sign where indicated.
- 2- Contact DMV to get a copy of your driver' record (let them know that you need this for employment purposes)
*Currently, you can walk into the DMV on Tuesday, Wednesday, and Thursday.
- 3- Call our office to set up an interview date and time. Applications are not accepted through walk-in or via email.
- 4- Once your interview has been scheduled you must bring the following documents with you:
 - Completed application
 - Current driver's license (expired licenses are not acceptable)
 - Social Security card
 - Recent driver's record obtained from DMV

Note:

- No Criminal - Drug Convictions
- No Suspensions
- License revoked in last 5 years

8150 Mechanicsville Tpke Ste B
Mechanicsville, VA 23111
Office : 804-442-2681 Fax : 804-783-9400



Employment Application

PERSONAL INFORMATION

Date: _____

Name: _____ SSN: _____

Address: _____ Home Phone _____

City, State, Zip _____ Pgr/Cell _____

Email address: _____

DOB ____ / ____ / ____ Desired Starting Date: _____

Emergency Contact: Name/Phone #/Relationship _____

Type of License: _____ State: ____ Lic# _____ Exp. Date _____

Position Applied for? _____ FT _____ PT _____

How did you hear about Ideal Ride? _____

EDUCATION AND TRAINING

Please list formal education and advanced training/classes that relate to this position:

Name	Location	Dates

Do you have any special certifications? If so list below:

EMPLOYMENT HISTORY

Please list your employment history for the last 5 years. Use the attached sheet if necessary:

Company Name: _____ Phone # _____

Position: _____ Dates of Employment: _____

Brief List of Responsibilities:

Supervisor Name: _____ Is it ok to contact? _____

Company Name: _____ Phone # _____

Position: _____ Dates of Employment: _____

Brief List of Responsibilities:

Supervisor Name: _____ Is it ok to contact? _____

Do you have anything on your driving record that impacts your ability to drive clients (DUI, tickets, drugs, etc.)?
Yes or No

If yes an explanation is required:

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

If employed, I understand that I am required to abide by all rules and regulations of Ideal Ride Transportation Service and any required laws related to transporting of patients. I understand that false or misleading information given in my application or interview may result in termination of my job if I am hired. I also understand I may be subject to legal action if I withhold anything pertinent to this job that could impact Ideal Ride or any of the patients transported.

Signature _____ Date _____

For Office Use Only

Interview? Yes No Interview Date: _____ Hire? Yes No

Additional Employment History Sheet

Name: _____

Sheet 1 of _____

Company Name: _____ Phone # _____

Position: _____ Dates of Employment: _____

Brief List of Responsibilities:

Supervisor Name: _____ Is it ok to contact? _____

Company Name: _____ Phone # _____

Position: _____ Dates of Employment: _____

Brief List of Responsibilities:

Supervisor Name: _____ Is it ok to contact? _____

Company Name: _____ Phone # _____

Position: _____ Dates of Employment: _____

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Supervisor Name: _____ Is it ok to contact? _____