

# NOTICE TO PROSPECTIVE INDEPENDENT CONTRACT DRIVERS



## **REFERENCE CHECKS**

Wheelchair Transport Service is dedicated to ensuring the safety and well being of the clients that we serve as well as the residents and visitors of Pinellas County. To that end Wheelchair Transport Service conducts criminal, motor vehicle, employment, and reference background checks to ensure the quality and caliber of individual entering into agreement with our company. Individuals enrolling as prospective drivers must agree to these checks in order to be considered for any position, employee or Independent Contractor, with our company.



## **CRIMINAL HISTORY**

Pursuant to the Rules and Regulations of the Pinellas County Emergency Medical Services System, any person convicted of a Felony Offense will not be permitted to operate a wheelchair vehicle in Pinellas County. For the purposes of this enrollment application no person convicted of the following offenses will be considered for a position with Wheelchair Transport Service; Any felony, regardless of time passed, Domestic battery, Violent crime, Elderly / Child abuse, or any sexually related crime as identified in Florida law. Wheelchair Transport Service reserves the right to accept or decline any enrollment application for any criminal offense.



## **ZERO TOLERANCE POLICY**

Pursuant to Section 49 Code of Federal Regulations, Part 40 and Part 655, employers are required to ensure that any person entering into a safety sensitive position is tested for illegal drug use prior to beginning work. Wheelchair Transport Service, Inc, supports and maintains a Zero tolerance drug and alcohol program. Further, in compliance with 49 CFR 40.25, Wheelchair Transport Service is required to contact any previous employer within the last two years and request confirmation that the prospective driver has not tested positive for, or refused, a drug or alcohol test. Any person that has had a reported positive test for illegal drugs within the last two years will not be considered for enrollment as an Independent Contractor. All persons submitting for a safety sensitive position with Wheelchair Transport Service will be required to successfully complete an initial (pre-employment) drug test and agree to abide by the drug and alcohol program prior to assuming operational status with the company.



## **STATEMENT OF UNDERSTANDING**

I hereby acknowledge my desire to become an Independent Contract Driver affiliated with Wheelchair Transport Service, Inc. I understand that I will not be considered an employee of the company and will not be eligible for traditional benefits including health insurance and workers compensation thru the company. I understand that that as an Independent Contract Driver, I will decide the days, times, and locations that I choose to work and that it is up to me to decide if I work at all.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### ***For Office Use Only***

To be completed during orientation process and before entering into lease agreement with applicant			
Criminal Record and MVR (documentation Attached)	[ ] Eligible	[ ] Not Eligible	Ran By: _____
Sex Offender Registry Check (documentation Attached)	[ ] Eligible	[ ] Not Eligible	Ran By: _____
Employment History Verification (documentation Attached)	[ ] Eligible	[ ] Not Eligible	Ran By: _____
Reference Check Completed (documentation Attached)	[ ] Eligible	[ ] Not Eligible	Ran By: _____
[ ] Meets Company Standards			
[ ] Does not meet Company Standards	Company Representative Signature: _____		

***FOR OFFICE USE ONLY***	
Independent Contractor #	
F/T or P/T	
Department	
Position	
Start Date	
D.O.T Physical	
MVR	
Background	
D.O.T & Drug Screen Schd	

## ENROLLMENT FORM

Print Clearly; Incomplete or illegible enrollments will not be processed



TODAY'S DATE: \_\_\_ / \_\_\_ / \_\_\_

NAME: \_\_\_\_\_  
LAST FIRST M.I.

HOME #: \_\_\_\_\_ CELL # \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

SOCIAL SECURITY: \_\_\_ / \_\_\_ / \_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

### ENROLLEE INSTRUCTIONS

1. Please read "ENROLLEE NOTE"
2. Complete both pages of this form
3. If more space is needed to complete any questions, use comments section on back.

PRIOR ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

EMERGENCY CONTACT: \_\_\_\_\_  
NAME PHONE

### ENROLLEE NOTE:

This enrollment form is intended for use in evaluating your suitability for enrollment. It is not an enrollment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal of enrollment. Federal law provides penalties for false statements on documents related to U.S. enrollment eligibility. All qualified Enrollees will receive consideration without discrimination because of gender, marital status, race, age, creed, national origin, or the presence of non-related disabilities, and such information may be omitted from this form. A felony conviction will not necessarily bar an Enrollee from enrollment and affirmative action hiring of disabled, Vietnam-era veterans, minorities, and women may be requested by qualified Enrollees. Additional testing of -related skills, mental, physical abilities, physical condition, and for the presence of drugs in your body may be required prior to and during enrollment

### AVAILABILITY

Position you are interested in: \_\_\_\_\_

What date can you start? \_\_\_\_\_ What hours would you be available to contract? [ ] Full-Time [ ] Part-Time

Schedule Availability: [ ] Weekdays [ ] Weekends [ ] Nights [ ] Shift [ ] Overtime [ ] Other \_\_\_\_\_

### RELATED SKILLS:

Are you fluent in other languages? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

Do you have a valid Drivers License? [ ] YES [ ] NO D.L Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State \_\_\_\_\_ Class: [ ] A [ ] B [ ] C [ ] D [ ] E Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Please circle the highest grade completed:            10       11       12       13       14       15       16       16+

NAME	CITY / STATE	DATES	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

Check any Certifications that you have: PLEASE MAKE AVAILABLE FOR COPIES;

- |               |                       |                               |                           |
|---------------|-----------------------|-------------------------------|---------------------------|
| [ ] EMT       | [ ] DEFENSIVE DRIVING | [ ] 1 <sup>ST</sup> RESPONDER | [ ] ACLS                  |
| [ ] PARAMEDIC | [ ] CPR               | [ ] AIDS/HIV                  | [ ] DOT PHYSICAL          |
| [ ] EVOC      | [ ] FIRST AID         | [ ] HAZMAT                    | [ ] TYPING (W.P.M.) _____ |

Please list any other skills, licenses, or certificates that are related:

**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	OK TO CONTACT? <input type="checkbox"/>	PHONE NUMBER	OK TO CONTACT? <input type="checkbox"/>	PHONE NUMBER	OK TO CONTACT? <input type="checkbox"/>
SUPERVISOR	RATE OF PAY	SUPERVISOR	RATE OF PAY	SUPERVISOR	RATE OF PAY
START DATE	END DATE	START DATE	END DATE	START DATE	END 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 Yes, How many?

INFRACTION	# of Points	INFRACTION	# of Points	INFRACTION	# of Points
1	<input type="text"/>	4	<input type="text"/>	7	<input type="text"/>
2	<input type="text"/>	5	<input type="text"/>	8	<input type="text"/>
3	<input type="text"/>	6	<input type="text"/>	9	<input type="text"/>

**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	RELATIONSHIP	YRS KNOWN
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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**Wheelchair Transport Service, Inc**  
**EMPLOYMENT VERIFICATION FORM**  
**RELEASE OF INFORMATION**



Wheelchair Transport Service, Inc is completing a background check inquiry on the person listed below. The applicant has applied for a driving position with our company which provides transportation to individuals with disabilities. The applicant has identified your company as a previous employer. Please complete the information requested below and return fax to 727-533-0371. Thank you for your assistance in this important matter

Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize the investigation of all matters contained in this enrollment form and hereby give Wheelchair Transport Service permission to contact previous employers, references, and other entities, and hereby release Wheelchair Transport Service and any prior employer providing information from any liability as a result of such contact.

\_\_\_\_\_  
 Applicant Signature

**Employer completes below this line**

Position(s) \_\_\_\_\_ Date(s) of \_\_\_\_\_  
 Held \_\_\_\_\_ Employment From \_\_\_\_\_ to \_\_\_\_\_

**Reason for Separation:**

Voluntary  Involuntary

**Eligible for Rehire**

Eligible  Not Eligible

Please Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please rank the individual in the following areas:

<b>Attendance</b>	Poor	Fair	Good	Very Good	Excellent	N/A
<b>Dependability</b>	Poor	Fair	Good	Very Good	Excellent	N/A
<b>Quality of Work</b>	Poor	Fair	Good	Very Good	Excellent	N/A
<b>Self Motivated</b>	Poor	Fair	Good	Very Good	Excellent	N/A
<b>Customer Skills</b>	Poor	Fair	Good	Very Good	Excellent	N/A
<b>Communication Skills</b>	Poor	Fair	Good	Very Good	Excellent	N/A
<b>Vehicle Operations</b>	Poor	Fair	Good	Very Good	Excellent	N/A

**Pursuant to Section 49 Code of Federal Regulations, Part 40 and Part 655, employers are required to ensure that any person entering into a FDOT regulated safety sensitive position is tested for illegal drug use prior to beginning work. In compliance with 49 CFR 40.25, Wheelchair Transport Service is required to contact any previous employer within the last two years and request confirmation that the prospective driver has not tested positive for, or refused a drug test. Please provide the following information:**

Was the person in question required to submit to a drug test with your company?  Yes  No  
 Has the person in question failed a drug test within your company?  Yes  No  N/A  
 If yes, did the person complete FDOT required Employee Assistance Program?  Yes  No  N/A  
 Has the person in question ever refused to complete a drug test with your company?  Yes  No  N/A

Is there any additional information you feel should be considered as part of this reference check?

\_\_\_\_\_  
 Completed By Title Signature Date



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 Applicant Signature

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**Reason for Separation:**

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Please Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please rank the individual in the following areas:

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<b>Quality of Work</b>	Poor	Fair	Good	Very Good	Excellent	N/A
<b>Self Motivated</b>	Poor	Fair	Good	Very Good	Excellent	N/A
<b>Customer Skills</b>	Poor	Fair	Good	Very Good	Excellent	N/A
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 Has the person in question ever refused to complete a drug test with your company?  Yes  No  N/A

Is there any additional information you feel should be considered as part of this reference check?

\_\_\_\_\_  
 Completed By Title Signature Date



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\_\_\_\_\_  
 Applicant Signature

**Employer completes below this line**

Position(s) \_\_\_\_\_ Date(s) of  
 Held \_\_\_\_\_ Employment From \_\_\_\_\_ to \_\_\_\_\_

**Reason for Separation:**

Voluntary  Involuntary

**Eligible for Rehire**

Eligible  Not Eligible

Please Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please rank the individual in the following areas:

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<b>Customer Skills</b>	Poor	Fair	Good	Very Good	Excellent	N/A
<b>Communication Skills</b>	Poor	Fair	Good	Very Good	Excellent	N/A
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 Has the person in question ever refused to complete a drug test with your company?  Yes  No  N/A

Is there any additional information you feel should be considered as part of this reference check?

\_\_\_\_\_  
 Completed By Title Signature Date



**Wheelchair Transport Service, Inc**  
**REFERENCE VERIFICATION FORM**



To be Completed by Office Personnel only

Driver Name \_\_\_\_\_

**Reference #1**

Name _____	Phone # _____
How do you know the applicant? _____	
How long have you known the applicant? _____	
How would you say the applicant reacts to pressure?	[ ] Yes [ ] No
Would you say that the applicant is organized?	[ ] Yes [ ] No
Would you say that the applicant is punctual?	[ ] Yes [ ] No
Would you say that the applicant is respectful of others?	[ ] Yes [ ] No
Would you allow the applicant to drive your parent or child somewhere?	[ ] Yes [ ] No
Any additional Comments?	
_____	_____
Caller Name	Date Call Made

**Reference #2**

Name _____	Phone # _____
How do you know the applicant? _____	
How long have you known the applicant? _____	
How would you say the applicant reacts to pressure?	[ ] Yes [ ] No
Would you say that the applicant is organized?	[ ] Yes [ ] No
Would you say that the applicant is punctual?	[ ] Yes [ ] No
Would you say that the applicant is respectful of others?	[ ] Yes [ ] No
Would you allow the applicant to drive your parent or child somewhere?	[ ] Yes [ ] No
Any additional Comments?	
_____	_____
Caller Name	Date Call Made

**Reference #3**

Name _____	Phone # _____
How do you know the applicant? _____	
How long have you known the applicant? _____	
How would you say the applicant reacts to pressure?	[ ] Yes [ ] No
Would you say that the applicant is organized?	[ ] Yes [ ] No
Would you say that the applicant is punctual?	[ ] Yes [ ] No
Would you say that the applicant is respectful of others?	[ ] Yes [ ] No
Would you allow the applicant to drive your parent or child somewhere?	[ ] Yes [ ] No
Any additional Comments?	
_____	_____
Caller Name	Date Call Made