

# UMAH SERVICE

Non-Emergency Medical Transportation · Santa Clara County, CA

## DRIVER EMPLOYMENT APPLICATION

*All fields are required. Information provided is confidential and used solely for employment evaluation.*

### 1. Personal Information

Full Legal Name (Last, First, Middle)

Street Address

Apt / Unit #

City

State

ZIP Code

County

Country

Primary Phone Number

Alternate Phone Number

Date of Birth

Email Address

Best Time to Contact

### 2. Social Security Number

Required for background check and employment eligibility verification (Form I-9).

Social Security Number (SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### 3. California Driver License

CA Driver License Number

Class (e.g. Class C)

Expiration Date

Date License Issued

Issuing State

Any Endorsements (e.g. Passenger)

Do you have a valid Medical Examiner's Certificate (DOT Physical)?  Yes  No

Has your license ever been suspended or revoked?  Yes  No

If yes, please explain:

### 4. Driving Experience

**Total Years of Professional Driving Experience**

**Total Miles Driven Estimate**

**Vehicle Types Operated** (check all that apply):

Sedan / Standard Vehicle  Wheelchair Accessible Van  Stretcher / Gurney Van  SUV / Minivan  Other:

\_\_\_\_\_

**Previous Employer(s) — Most Recent First**

**Employer 1**

**Company Name**

**Job Title**

**City, State**

**Start Date**

**End Date**

**Reason for Leaving**

**Employer 2**

**Company Name**

**Job Title**

**City, State**

**Start Date**

**End Date**

**Reason for Leaving**

## 5. Medical Transport & RideShare Experience

Do you have prior medical transport or rideshare driving experience?  Yes  No

Are you CPR / First Aid certified?  Yes — Expiration Date: \_\_\_\_\_  No

Do you have wheelchair securement training?  Yes  No

List any relevant certifications or training:

## 6. Prior Application to Umah Service

Have you previously applied to Umah Service?  Yes  No

If yes, approximate date of prior application:

Position applied for:

Have you ever been employed by Umah Service?  Yes  No

If yes, dates of employment:

Reason for leaving:

## 7. Professional References (Non-Family)

### Reference 1

Full Name	Relationship	Phone Number

### Reference 2

Full Name	Relationship	Phone Number

## 8. Certification & Signature

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission may result in disqualification or termination of employment. I authorize Umah Service to contact references and conduct background and driving record checks.

Applicant Signature	Date

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*Umah Service · Non-Emergency Medical Transportation · Taxi · RideShare · Santa Clara County, CA · Serving NorCal Since 2023  
For questions contact us at (408) 416-7852 or umahservicegroup@gmail.com · 1172 Murphy Ave, Suite 130, San Jose, CA 95131*