

Service Operations Provider (Driver) Application

AWAKE TRANSIT, LLC | WISCONSIN, USA | AWAKETRANSIT@GMAIL.COM

First Name: _____

Middle Name: _____

Last Name: _____

Today's Date: _____

Social Security (XXX-XX-XXXX): _____

Date of Birthday (MM/DD/YYYY): _____

CONTACT INFORMATION

Address

Street: _____

City, State, Zip: _____

Home Phone (XXX-XXX-XXXX): _____

Cell Phone (XXX-XXX-XXXX): _____

Can you receive text messages? Yes No

E-mail: _____

Best way to contact you: _____

Best time to contact you: _____

Position applying for: _____

Are you looking for full-time or part-time employment? Full-time Part-time

Available Start date: _____

Are you at least 18 years old? Yes No

Do you have a valid Wisconsin Driver License? Yes No

Do you have a minimum of three (3) or more years of motor vehicle experience (excluding driving with an instruction permit)? Yes No

Do you possess a motor vehicle registered in the state of Wisconsin? Yes No

Are you currently employed? Yes No

Can you work on weekends? Yes No

Can you work on holidays? Yes No

Are you flexible to work on-call? Yes No

Are you able to work during mornings shifts? Yes No

Are you able to work during midday shifts? Yes No

Are you able to work during evenings shifts? Yes No

How did you hear about our company? _____

Were you referred? Yes No

If, Yes, by who? _____

EDUCATION

What is your highest level of education?

No school Elementary Middle School High School GED
 Some College (AA) College (BA, BS) Master Graduate

Are you currently attending school? Yes No

School Name: _____

Degree(s) Earned: _____

Date Gradated (MM/YYYY): _____

MILITARY EXPERIENCE

Branch _____

Date (MM/YYYY) entered _____ Date (MM/YYYY) discharged _____

Nature of duties: _____

Highest rank or grade: _____

EMPLOYMENT HISTORY

Most Current Employment

Employer: _____

Start date (MM/YYYY): _____ Final (MM/YYYY): _____

Title: _____

Salary (starting): _____ Salary (final): _____

Please indicate if full-time or part-time: Full-time Part-time

Name of immediate supervisor: _____ Title: _____

Address: _____ Phone: _____

How would you describe your relationship with your supervisor/manager?

What is your best guess as to how this supervisor would rate your overall performance?

Excellent Very Good Good Fair Poor Impossible to provide

If rating is impossible to provide, please explain: _____

May we contact your employer for reference? Yes No

If 'no' please explain: _____

Describe your position and responsibilities.

If you are leaving or have left the company, please indicate your intent to leave.

100% Mine Mutual 100% Company's (I was fired) Options do not fit circumstance

If options do not fit circumstance, please explain: _____

Reason(s) for leaving: _____

1st Previous Employment

Employer: _____

Start date (MM/YYYY): _____ Final (MM/YYYY): _____

Title: _____

Salary (starting): _____ Salary (final): _____

Please indicate if full-time or part-time: Full-time Part-time

Name of immediate supervisor: _____ Title: _____

Address: _____ Phone: _____

May we contact your employer for reference? Yes No

If 'no' please explain: _____

Describe your position and responsibilities.

Reason(s) for leaving: _____

ADDITIONAL QUESTIONNAIRE

Can you carry, lift, push, and pull a minimum of 50 pounds? Yes No

Are you willing to submit a Motor Vehicle Record? Yes No

Are you willing to undergo a Motor Vehicle Inspection? Yes No

Are you willing to have LEIE – OIG Search check? Yes No

Are you willing to have a Criminal Background Check? Yes No

Are you willing to take a Drug Test? Yes No

Have you been convicted of a misdemeanor within the past ten (10) years? Yes No

If 'yes', please describe in detail—charge, date, etc. _____

Besides minor traffic tickets, have you ever been convicted of any petty misdemeanor or municipal ordinance violations within the past five (5) years? Yes No

If 'yes', please describe in detail—charge, date, etc. _____

Have you ever been convicted of a felony? Yes No

If 'yes', please describe in detail—charge, date, etc. _____

Professional References

Reference 1

Name: _____
Title: _____ Relationship: _____
Address: _____
Phone: _____ E-mail: _____

Reference 2

Name: _____
Title: _____ Relationship: _____
Address: _____
Phone: _____ E-mail: _____

Awake Transit will contact your Professional References.

Please complete and submit this application to AwakeTransit@gmail.com along with the followings:

- Resume
- Motor Vehicle Record (MVR)
- Driver License
- Vehicle Information
- Certificate of Vehicle Registration
- Vehicle Insurance

Motor Vehicle Record (MVR)

Awake Transit and its third-party **vendors** require an applicant to have a minimum of three (3) or more years of motor vehicle experience to provide non-medical transportation services to our members. The minimum 3 (three) years of motor vehicle experience cannot include driving with an instruction permit.

Furthermore, an applicant must pass a Motor Vehicle Record (MVR) check to be considered for employment. To successfully pass the MVR check, an applicant cannot have more than a total of one (1) minor motor vehicle citations/remarks (including but not limited to Traffic Tickets, Traffic Violations) within the past five (5) years.

The MVR can be retrieved online via the Wisconsin Department of Transportation website and must not be over one (1) week old when received by Awake Transit LLC. Please follow the instructions below to obtain your motor vehicle record. Once you are done, please send your MVR along with your application and resume to AwakeTransit@gmail.com.

How to get MVR:

- 1) Use the link to get onto the Wisconsin Department of Transportation website:
 - a. <https://wisconsindot.gov/pages/online-srvcs/other-servs/request-record.aspx>
- 2) Click on “Start Now” button.
- 3) Fill in Wisconsin Driver License / ID Number
- 4) Fill in Last 4 digits of SSN
- 5) Fill in Date of Birth
- 6) Fill in Gender
- 7) Do Captcha – I’m not a Robot
- 8) Press “Next” button
- 9) Type in email
- 10) Confirm email
- 11) Press “Next” button
- 12) Fill in all payment information
- 13) Information regarding how your ordered MVR will be sent to you via email.

Please attach a copy of your MVR to your application.

Driver License

Please provide a copy of your valid Wisconsin Driver License.

Copies of the **front** and **back** of your Driver's License must be clear and legible.

****Send an attachment with your application.**

Vehicle Information

Please provide your vehicle information:



VIN #	
Current Mileage	
Make	
Model	
Year	
Color	
Seating Capacity (For example: 1 Front seat, 3 Backseat)	
License Plate #	
State of Registration	
Registration Expiration Date	
Value of Vehicle (Kelley Blue Book)	
Exterior Damage	
Interior Damage	

Proof of Vehicle Certificate of Registration

Please provide a copy of your valid Vehicle Certificate of Registration.

*If you do not have your current Certificate of Registration (most people call this the Vehicle Registration), please click on the link [Wisconsin DMV Official Government Site – Duplicate certificate of registration \(wisconsin.gov\)](https://www.wisconsin.gov/dmv)


Vehicle Certificate of Registration Example

		WISCONSIN 		0000000		
Certificate of Vehicle Registration				Product Number	Registration Number	
Plate Number	Registration	Chassis	Gross Weight	Period	Color	Fleet No.
	AUT AUT	TRUK		A	WHITE	
Vehicle Identification Number			Year	Make	Expiration Date	Amount Received
			2020	MAZD	10/31/2023	\$ 2.04

THIS IS NOT A BILL
This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the Division of Motor Vehicles at:
wisconsin.gov/dmv
608.284.7447

John Doe
5555 E Walker St
Madison, WI 55555



**Send an attachment with your application.

Proof of Vehicle Insurance

Please provide a valid copies of your vehicle insurance information for the vehicle that you will use while working for Awake Transit LLC.

- 1) Declaration Page of your auto policy
- 2) Auto insurance identification (ID) card

Declaration Page Example

Applicant is required to have a \$300,000.00 combined single limit (CSL) for Bodily Injury & Property Damage Liability.

Applicant is required to have “**For Work**” or “**For Business Use**” added (or changed) to their already existing Primary Use of Vehicle (Commute, Pleasure/Personal, or Farm) on their vehicle insurance policy.

*The language of “For Business Use” may vary from one insurance company to another, please have the equivalent language applied to the applicable vehicle on your policy.

Drivers and household residents

John Doe

Additional information: Named insured

Outline of coverage

2010 TOYOTA

VIN: FNKG15248H15644

Garaging ZIP Code: 98118

Primary use of the vehicle: Business

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

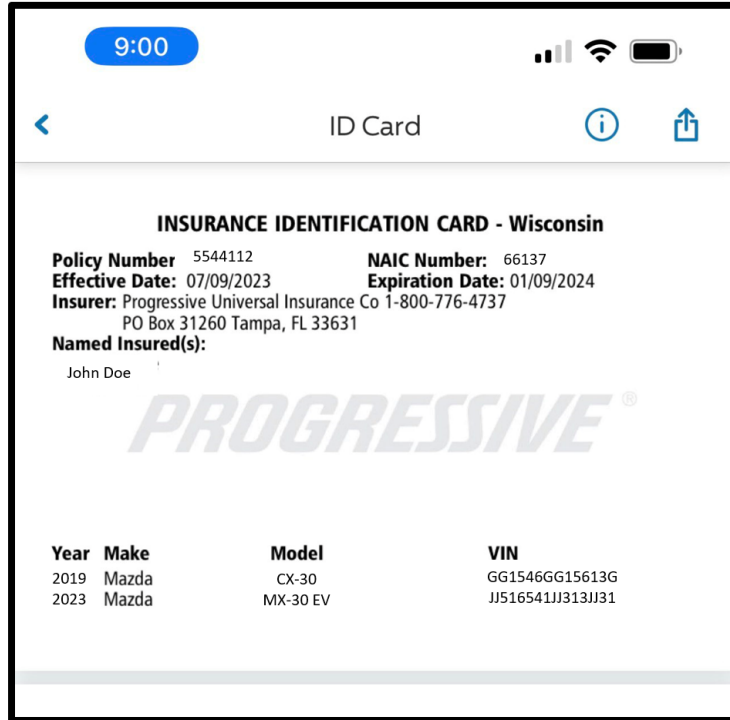
Information regarding your vehicle history (prior damage, theft or title issues) has impacted how we determine your premium.

This vehicle has Rideshare Use coverage.

	LIMITS	Deductible	Premium
Liability To Others			\$476
Bodily Injury and Property Damage Liability	\$300,000 combined single limit each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		25
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		10
Medical Payments	\$1,000 each person		8
Comprehensive	Actual Cash Value	\$250	181
Collision	Actual Cash Value	\$250	234

**Send an attachment with your application.

Auto Insurance Identification (ID) Card Example



**Send an attachment with your application.

By signing below, I certify that answers given in this Job Application Form are true, accurate and complete to the best of my knowledge. I authorize investigation into all statements I have made on this Form as may be necessary for reaching an employment decision. I understand that I will be asked to arrange reference calls with managers I have worked for.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my Job Application Form or interview(s) may result in discharge and/or legal action. I understand that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, national origin, disability or protected veteran status. Awake Transit is an Equal Opportunity Employer—M/F/Veteran/Disability.

Applicant Name (Print) _____ Date: _____

Applicant Name (Signature) _____

This Job Application Form was created by Awake Transit, LLC.