



# Employment Application

www.mykidshuttle.com

940-808-1407

## Applicant Information:

Applicant Name \_\_\_\_\_ Current Address \_\_\_\_\_

Home Phone \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How were you referred to us?: \_\_\_\_\_

## Employment Positions:

Position(s) applying for: \_\_\_\_\_

\***Temporary work** – such as back up or as needed? [  ] Y or [  ] N \***Regular part-time work**? [  ] Y or [  ] N

What days and hours are you available for work? \_\_\_\_\_

Are there any days you are not available for work? \_\_\_\_\_

Are you available to work a schedule that corresponds to the ISD's schedule? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_ / \_\_\_ / \_\_\_ Can you work on the weekends? [  ] Y or [  ] N

Can you work evenings? [  ] Y or [  ] N Hourly Rate desired: \$ \_\_\_\_\_

## Personal Information:

Are you over the age of 25? (Drivers must be at least 25 years of age for insurance purposes to be considered for driving employment.) [  ] Y or [  ] N

Are you willing to submit to a thorough background check to include criminal offenses, (pending charges and convictions), previous employment, character references and sexual offender check? [  ] Y or [  ] N

Are you willing to submit to and pass a controlled substance test? [  ] Y or [  ] N

Are you willing to submit to a driving test in our 12 passenger shuttle vans?

Do you have your own current liability insurance in your name that meets the minimum requirements in the State of Texas?

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [  ] Y or [  ] N

If no, describe the functions that cannot be performed \_\_\_\_\_

*(Note: My Kid Shuttle, Inc complies with the ADA and considered reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill /agility and may be subject to a medical examination conducted by a medical professional.)*

How would you describe your driving record? \_\_\_\_\_

Do you have any speeding tickets, DWI's or traffic infractions? \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N

Are there currently any charges pending against you for any reason? [ ] Y or [ ] N

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If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case

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Please explain why you would be a good candidate to be around children/transport them?

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### Education, Training and Experience

#### High School:

School name: \_\_\_\_\_ Number of years completed: \_\_\_\_\_  
School address: \_\_\_\_\_ Did you graduate? [ ] Y or [ ] N  
School city, state, zip: \_\_\_\_\_

#### College / University/Vocational School:

School name: \_\_\_\_\_ Number of years completed: \_\_\_\_\_  
School address: \_\_\_\_\_ Did you graduate? [ ] Y or [ ] N  
School city, state, zip: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? [ ] Y or [ ] N

If yes, please explain \_\_\_\_\_

### Employment History

Are you currently employed? [ ] Y or [ ] N **(If yes, may we contact your current employer?)** [ ] Y or [ ] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

1) Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Y or [ ] N

2) Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Y or  N

3) Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?  Y or  N

### References

List below three persons whom have knowledge of your work performance/character/interaction with children within the last five years.

Name - First, Last: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this My Kid Shuttle, Inc, terms for my immediate expulsion from the My Kid Shuttle, Inc. \_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the My Kid Shuttle, Inc. \_\_\_\_\_

I permit the My Kid Shuttle, Inc to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the My Kid Shuttle, Inc, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### An Equal Opportunity Employer

My Kid Shuttle, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.