

**Abby Vans Inc.**  
**1115 W 4<sup>th</sup> Street**  
**Neillsville WI 54456**

**Application for Employment**

Equal access to programs, service and employment is available to all persons. Applicants requiring accommodations to complete this application and/or assistance with the interview process should contact a representative of the Personnel Department.

**PLEASE PRINT**

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Date of Birth (optional) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address (If you have one): \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

If you are under 18, can you furnish a work permit? .....Yes \_\_\_ No \_\_\_

Have you ever been employed here before? .....Yes \_\_\_ No \_\_\_

Are you legally eligible for employment in this country? .....Yes \_\_\_ No \_\_\_

Date available for work ..... \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary

Are you able to meet the attendance requirements of the position? .....Yes \_\_\_ No \_\_\_

Have you been convicted of a felony in the last seven (7) years? .....Yes \_\_\_ No \_\_\_

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

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**Educational Background**

School	Course of Study	Did you Graduate?	Degree or Diploma
Grammar School		Yes ___ No ___	
High School		Yes ___ No ___	
College		Yes ___ No ___	
Graduate School		Yes ___ No ___	
Vocational Training-Other		Yes ___ No ___	

**Summarize** any special training, skills, licenses, certifications and/or characteristics you possess that relate to performing the functions of the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employment History**

List your last four (4) employers, assignments of volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Final \$ _____	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Final \$ _____	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Final \$ _____	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Final \$ _____	

Explanation of any gaps in employment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References**

List the names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If this is not applicable, list three school or personal references (unrelated).

Name	Telephone	Years Known

List any additional information you would like us to consider \_\_\_\_\_  
 \_\_\_\_\_

## ACKNOWLEDGMENT FOR PASSENGER TRANSPORT DRIVING POSITION

### Job Summary:

- Compassionate, understanding, attentive to detail and have desire to make sure each client's transportation needs are met.
- Provide superior customer service, including ability to prioritize, problem solve and convey a positive attitude
- Accurately record trip data electronically and/or manually and complete all assigned tasks.

### Physical Requirements:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of this job Employee must be able to:
  - Safely operate motor vehicle in all weather conditions and regularly enter and exit a motor vehicle
  - Provide supervision and assist clients with varying levels of disabilities to enter and exit the vehicle
  - Operate motor vehicle passenger and wheelchair securements
  - Operate motor vehicle wheelchair lift and/or ramp on accessible vehicles
  - Be able to lift up to 50 pounds and be able to push/pull up to 600 pounds.
  - Work a variety of timeframes, to include early mornings, days and evenings.

### Duties and Responsibilities

- Use proper body mechanics to load and unload clients so as not to injure either yourself or the client
- Clearly communicate and receive instructions from the Office and /or the clients.
- Perform excellent "Passenger Sensitivity Awareness" characteristics such as being friendly, courteous and patient and have positive body language.
- Work towards peaceful resolution of conflicts, without being argumentative. Maintain order on vehicle at all times reporting any unsafe, or disruptive behavior to the Office
- Maintain timeliness of assigned routes and schedules and notify the Office of any accidents, incidents or problems
- Maintain accurate, legible and complete driver paperwork and mail/return completed driver paperwork on a timely basis.
- Operation of cell phone and fax/printer
- Maintain vehicle preventive maintenance checks and report problems to the Office on a timely basis.
- Maintain interior and exterior cleanliness of vehicle as well as be clean and well groomed.
- Attend all mandatory paid training as offered by Abby Vans.

### Prerequisites:

- HS Diploma, GED and/or combination of education
- 21 years of age or older - 2 year min. driving experience
- Valid Wisconsin Driver's License
- Good Driving Record: Cannot have the following:
  - Convicted more than 2 vehicle moving violations within last 24 months/more than 1 at-fault accident resulting in personal injury/property damage within 36 months, or 3 or more cumulative vehicle accidents within 5 years.
  - Combination of 1 unrelated vehicle moving violation and 1 at-fault accident resulting in personal injury/property damage within 24 months.
- Most training Certificates are provided by Abby Vans. All required Certificate training provided by Abby Vans is provided free of charge. Certificate training is not eligible for wage reimbursement.
- All Abby Van specific policy and procedure training is eligible for wage reimbursement as a bonus, based upon successful completion of our training program and all prerequisite requirements completed.
- Suspension of driver's vehicle operator's license within 3 years
- FTA/DOT Pre-Employment Drug Screen and Company Policy enrollment
- 10 Year Criminal, Sex Offender and Wisconsin Caregiver Background Check
- CPR/First Aid Certification
- Passenger Sensitivity Training and Hands On Training \*
- Blood Bourn Pathogen Training
- Defensive Driving Training
- Phone or email access required
- Off street parking for company vehicle
- Must be resident of assigned service area

\* Madison area drivers covered by Madison's Living Wage Ordinance must complete the Madison Passenger Sensitivity Training during first three (3) months of hire. \$50.00 non-reimbursable.

**I understand that as part of my application for employment I must successfully complete the prerequisites of training and demonstrate knowledge of all driver duties and responsibilities in order to be eligible for hire.**

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

\_\_\_\_\_  
Signature Name

\_\_\_\_\_  
Date

**Abby Vans Inc.**  
*1115 W 4<sup>th</sup> Street, Neillsville, WI 54456*  
*Phone: 715-743-3364 or 800-236-8438*  
*Fax: 715-743-7545*

**APPLICANT ACKNOWLEDGMENT  
OF  
DRUG TEST REQUIREMENT**

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR Part 653. I understand that a negative test result is required before I will be considered for hire.

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

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

\_\_\_\_\_  
Date

**Release of Information Form**  
**--49 CFR Part 40 Drug and Alcohol Testing --**

**Section I. To be completed by the new employee, signed by the employee and transmitted to the previous employer:**

Employee Printed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section I-A.**

**New Employer Name:** Abby-Vans, Inc.  
**Address:** W5621 Todd Road, Neillsville, WI 54456  
**Phone #:** 715:743-3364 or 800:236-8438 **Fax#:** 715:743-7545  
**Designated Employer Representative:** Peggy Jones

**Section I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing.**

- |   |                |
|---|----------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | Yes ___ No ___ |
| 2. Did the employee have verified positive drug tests?  | Yes ___ No ___ |
| 3. Did the employee refuse to be tested?  | Yes ___ No ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | Yes ___ No ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | Yes ___ No ___ |
| 6. If you answered "yes" to any of the above items, did the employee complete the Return-to-duty process? | Yes ___ No ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

**Section II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Abby Vans Inc.**  
*1115 W 4<sup>th</sup> Street, Neillsville, WI 54456*  
*Phone: 715-743-3364 or 800-236-8438*  
*Fax: 715-743-7545*

**RELEASE OF PERSONNEL INFORMATION**

Please be advised that I am actively seeking employment with Abby-Vans, Inc. and on that basis am requesting that you provide all or part of my personnel records to Abby-Vans, Inc., to the full extent requested by Abby-Vans, Inc. and further, that you provide such other information requested as by Abby-Vans, Inc. that relates in any way to my employment with your organization.

In giving such permission I absolutely and completely release all of my past employers and each and every of their employees and agents from any claims I may have against them for providing Abby-Vans, Inc. with any information about me. I also absolutely and completely release Abby-Vans, Inc. and each and every of its employees and agents from any claims I may have against them for seeking or obtaining such information about me. This release includes, but is not limited to, any claims I may have relating to the provision of false or misleading information or based upon privacy.

I further acknowledge that this release is given freely, knowingly and voluntarily by me and is not due to any threat or promise. This release will remain in effect for one (1) year from the date below unless I notify you, in writing, of such cancellation prior to that date.

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Signature of Applicant

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Printed Name

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Date

## BACKGROUND INFORMATION DISCLOSURE (BID)

For Instructions, see [F-82064A](#).

Completion of this form is required under the provisions of Chapter 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

**PLEASE PRINT OR TYPE YOUR ANSWERS.**

**Check the box that applies to you.**

- |   |   |
|---|---|
| <input type="checkbox"/> Employee / Contractor (including new applicant)<br><input type="checkbox"/> Applicant for a license or certification or registration (including continuation or renewal) | <input type="checkbox"/> Household member / lives on premises – but not a client<br><input type="checkbox"/> Other – Specify: |
|---|---|

**NOTE:** If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Legal Name – (First and Middle)	Legal Name – (Last)
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Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)

Any Other Names By Which You Have Been Known (Including Maiden Name)	Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race / Ethnicity (Check ONLY one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White	Social Security Number	
Home Address	City	State      Zip Code

Business Name and Address – Employer or Care Provider (Entity)

Abby Vans Inc - 1115 W 4<sup>th</sup> Street Neillsville WI 54456

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts? If <b>Yes</b> , list each charge, when it occurred or the date of the charge, and the city and state where the court is located. You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? If <b>Yes</b> , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? If <b>Yes</b> , explain, including when and where it happened.	<input type="checkbox"/>	<input type="checkbox"/>

<p>6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b>? If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? If <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>SECTION B – OTHER REQUIRED INFORMATION</b></p>	<b>YES</b>	<b>NO</b>
<p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? If <b>Yes</b>, explain, including when and where it happened.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? If <b>Yes</b>, explain, including when and where it happened and the reason.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? If <b>Yes</b>, indicate the year of discharge: _____ Attach a copy of your DD214 if you were discharged within the last three (3) years.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Have you resided outside of Wisconsin in the last three (3) years? If <b>Yes</b>, list each state and the dates you resided there.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? If <b>Yes</b>, list each state and the dates you resided there.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Have you had a caregiver background check done within the last four (4) years? If <b>Yes</b>, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? If <b>Yes</b>, list the review date and the review result. You may be asked to provide a copy of the review decision.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

<p><b>SIGNATURE</b></p>	<p>Date Signed</p>
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**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ABBY VANS INC at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Occuscreen, LLC, 805 Broadway Street, Suite 215, Vancouver, WA 98660, (888) 833-5304, [www.occuscreen.com](http://www.occuscreen.com), another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(if under 18) Guardian Signature

*Please note: These sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. Occuscreen expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided.*

Employer: MTM-ABBY VANS INC

Phone: 715-743-3364 Requested By:

SERVICES REQUESTED (Check all that apply)

Initial Screening Package (WI)

Annual Renewal Package

In order to process your background check, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

First Name:		Middle Initial:		
Last Name:				
Social Security Number:			Birth Date:	
Current Address:				
City:		State:	Zip:	
Driver's License #:			State:	
Other Names Used (previous 7 years only):				
1.		2.		
3.		4.		
Please provide City and County information for your residence covering a period of seven (7) years, beginning with your most current address.				
City	County	State	Zip	From ____ To ____
				From ____ To ____
				From ____ To ____
				From ____ To ____
				From ____ To ____

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Employer Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

### NOTICE REGARDING BACKGROUND CHECKS PER CALIFORNIA LAW

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## EMPLOYEE AFFIRMATIVE ACTION QUESTIONNAIRE

We are a Wisconsin government affirmative action contractor/subcontractor subject to Wisconsin's Contract Compliance Law, as amended, which requires us to maintain an affirmative action program to counter discrimination and to work toward a balanced workforce, including hiring and promoting qualified minorities, females and individuals with disabilities where they are under-represented in our workforce.

To that end, we request that you answer the following questions on a strictly voluntary basis. Refusal to provide information will not subject you to any adverse treatment.

Information regarding your disability will remain confidential, except that managers and supervisors may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and Government officials engaged in enforcing laws may be informed. The information provided will be used only in ways which are not inconsistent with the Americans with Disabilities Act, as amended and the Wisconsin Fair Employment Act, as amended.

If you are a qualified individual with a disability, we would like to include you under our affirmative action program. It would assist us if you tell us about (i) any special methods, skills, and procedures which you believe qualify you for positions that you might not otherwise be able to do because of your disability so we could consider you for any positions of that kind which become available and for which you express interest, and (ii) the accommodations which you believe we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain non-essential duties of the job, provision of personal assistance services or other accommodations.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ County of Residence: \_\_\_\_\_

**Race:**  White (*Not of Hispanic Origin*)  Black (*Not of Hispanic Origin*)  Hispanic  
 American Indian or Alaska Native  Asian or Pacific Islander  Other

**Gender:**  Male  Female

**Disability:** Do you have a disability?  Yes  No

(Abby Vans considers a person with a disability anyone who meets the definition under either the American with Disabilities Act or the Wisconsin Fair Employment Act.)

Please describe any disability:

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Signature: \_\_\_\_\_

Completion of this form is voluntary.  
A reference copy of the Abby Vans Affirmative Action Plan is available upon request.