

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

**Application for Employment**

Abby Vans Inc. is an Equal Opportunity/Affirmative Action Employer. Applicants requiring accommodations to complete this application and/or assistance with the interview process should contact a representative of the Personnel Department.

**Please Type or Print:**

Position(s) Desired: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

If you are under the age of 16, can you furnish a work permit? .....  Yes  No

Have you previously been employed by Abby Vans Inc.? .....  Yes  No

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

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

How many hours do you prefer to work per week?  35-45  30-35  25-30  Less than 25  Flexible

What days of the week can you work (check all that apply)?  Mon  Tue  Wed  Thu  Fri  Sat  Sun

What hours are you available to work? \_\_\_\_\_

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, explain: \_\_\_\_\_

Have you tested positive on a drug test in the last two (2) years?  Yes  No If yes, explain: \_\_\_\_\_

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

**Educational Background**  HS Diploma  GED  HSED

High School: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Did you Graduate?  Yes  No

College: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Did you Graduate?  Yes  No

Other: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Did you Graduate?  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, and military experience, starting with the most recent. If there are gaps in time, please explain these 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		Starting Rate/Salary	Ending Rate/Salary
		\$	\$
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Starting Rate/Salary	Ending Rate/Salary
		\$	\$
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Starting Rate/Salary	Ending Rate/Salary
		\$	\$
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Starting Rate/Salary	Ending Rate/Salary
		\$	\$

Comments: \_\_\_\_\_

## References

List three **business/work references** who are not related to you and who have not been your supervisor. If you have had no previous work experience, list three school and/or personal references who are not related to you.

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 400 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 -4 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 West 4<sup>th</sup> Street, Neillsville, WI 54456

Phone: 715-743-3364

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 US DOT 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

# Abby Vans Inc.

## Release of Information Form—49 CFR Part 40 Drug and Alcohol Testing

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

Employee Name (Printed): \_\_\_\_\_ Employee SS/ID Number: \_\_\_\_\_

I hereby authorize release of information from my DOT-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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### I-A:

New Employer Name: Abby Vans Inc.

Designated Employer Representative: Peggy Jones

Address: 1115 West 4<sup>th</sup> Street, Neillsville, WI 54456

Phone #: 715-743-3364 Fax#: 715-743-7545

### I-B:

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

Designated Employer Representative: \_\_\_\_\_

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

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

**Section II: To be completed by the previous employer and transmitted 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 a verified positive drug test(s)?  | 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 ___ |

### II-B:

Person providing information in Section II-A:

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

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

# **Abby Vans Inc.**

1115 W 4<sup>th</sup> Street, Neillsville, WI 54456

Phone: 715-743-3364

Fax: 715-743-7545

## **RELEASE OF PERSONNEL INFORMATION**

Please be advised that I am actively seeking employment with Abby Vans Inc. On that basis, I 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 that further, you provide such other information as requested 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.

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

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

\_\_\_\_\_  
Date

## BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. 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 DQA form F-82064A, *BID Instructions*, 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.
- **PRINT OR TYPE YOUR ANSWERS.**

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

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

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

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)		Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)			
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown			Social Security Number
Home Address	City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)			

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

**SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION**

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts? Yes   No

If **Yes**, 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.

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? Yes   No

If **Yes**, 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.

3. **IMPORTANT: Read before completing item 3.**

**Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY.** "All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential." Reports and records may be disclosed only to the persons identified in this section.

**If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?

Yes No

**If the above box has been checked**, provide an explanation below, including when and where the incident(s) occurred.

---

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?

Yes No

If **Yes**, explain, including when and where it happened.

---

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?

Yes No

If **Yes**, explain, including when and where it happened.

---

6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**?

Yes No

If **Yes**, explain, including when and where it happened.

---

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?

Yes No

If **Yes**, explain, including credential name, limitations or restrictions, and time period.



**SECTION B – OTHER REQUIRED INFORMATION**

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes  No   
 If **Yes**, explain, including when and where it happened.

- 
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? Yes  No   
 If **Yes**, explain, including when and where it happened and the reason.

- 
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes  No   
 If **Yes**, indicate the year of discharge: \_\_\_\_\_  
 Attach a copy of your DD214, if you were discharged within the last three (3) years.

- 
4. Have you resided outside of Wisconsin in the last three (3) years? Yes  No   
 If **Yes**, list each state and the dates you resided there.

- 
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? Yes  No   
 If **Yes**, list each state and the dates you resided there.

- 
6. Have you had a caregiver background check done within the last four (4) years? Yes  No   
 If **Yes**, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.
-

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?

Yes    No  
   

If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

---

---

***Read and initial the following statement.***

\_\_\_\_\_ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form

Date Submitted

## 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:

---

---

---

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

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