



DRIVER APPLICATION

NAME: _____ DATE: _____
Please Print Clearly

ADDRESS: _____
Street City/State Zip

HOME PHONE NO.: _____ CELL PHONE NO.: _____

DATE OF BIRTH: ____/____/____ EMAIL ADDRESS: _____

WI DRIVERS LICENSE NUMBER: _____

HAVE YOU DRIVEN A MEDICAL VAN IN THE PAST? _____ YES _____ NO

IF YES, HOW LONG? _____

WHAT COMPANY DID YOU DRIVE FOR? _____

HOW LONG HAVE YOU LIVED IN MILWAUKEE? _____

DO YOU HAVE YOUR CITY OF MILWAUKEE ISSUED (PPL) PUBLIC PASSENGER DRIVERS LICENSE? _____ YES _____ NO

ARE YOU CERTIFIED TO HANDLE WHEELCHAIRS? _____ YES _____ NO

DO YOU HAVE VALID FIRSTAID/CPR CERTIFICATION? _____ YES _____ NO

HAVE YOU BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT WITHIN THE PAST 5 YEARS? _____ YES _____ NO

IF YES, PROVIDE DETAILS _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME? _____ YES _____ NO

IF YES, PROVIDE DETAILS _____

APPLICANTS ARE REQUIRED TO PROVIDE THE LEASING OFFICE WITH A COPY OF THEIR MOTOR VEHICLE DRIVING RECORD (DATED WITHIN 14 DAYS OF THIS APPLICATION). THE OFFICE WILL OBTAIN THE RECORD FOR AN APPLICANT UPON RECEIPT OF A \$7 CASH SERVICE FEE. DATE REPORT RECEIVED _____.

PLEASE HAND THIS COMPLETED FORM INTO THE OFFICE ALONG WITH YOUR WI DRIVERS LICENSE, YOUR CITY ISSUED PUBLIC PASSENGER DRIVERS LICENSE (IF YOU ALREADY HAVE ONE) AND A CURRENT MOTOR VEHICLE DRIVERS RECORD (MVR) OR \$7 FEE FOR THE OFFICE TO OBTAIN YOUR MVR. WE WILL MAKE COPIES OF YOUR LICENSES FOR SUBMISSION TO OUR INSURANCE CARRIER.

I authorize AMERICAN MEDTRANS and/or its affiliates to run a personal and employment background check.

SIGNATURE

DATE

OFFICE USE ONLY

INSURANCE:	APPROVED: _____	NOT APPROVED: _____	DATE: _____
PPL COPY _____	DOJ Background Check _____	DEPOSIT _____	
DEFENSIVE DRIVING COURSE COMPLETED _____			
FIRST AID CERTIFICATION _____	WHEELCHAIR Certified _____		
TRAINING START DATE _____	TRAINER _____		
ROAD TEST DATE: _____	PASSED: _____	YES _____	NO _____
NOTES: _____			

