

EMPLOYMENT APPLICATION

SAFE. CARING. RELIABLE.



Moms
Helping
Moms
Shuttle Service

1440 CORAL RIDGE DRIVE • SUITE 156
CORAL SPRINGS FLORIDA, 33071
P (954) 338-5720 OR (954) 856-6930
F (954) 343-3643

WEBSITE: www.mhmshuttles.com

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EMPLOYMENT APPLICATION

PERSONAL INFORMATION

| | | | |
|------------------------------|------------------------------|------------------------|-----------------------|
| Full Name _____ | | Application Date _____ | |
| Street Address/Apt No. _____ | | City _____ | State _____ Zip _____ |
| Home Phone _____ | Cell Phone _____ | EMAIL ADDRESS _____ | |
| Date of Birth _____ | Social Security Number _____ | Languages Spoken _____ | |

EMERGENCY CONTACTS/MEDICAL INFORMATION

| | | |
|-------------------------------------|--------------------|-------------|
| Name _____ | Relationship _____ | Phone _____ |
| Name _____ | Relationship _____ | Phone _____ |
| Doctor _____ | Phone _____ | |
| Allergies or other conditions _____ | | |

DRIVING HISTORY

| | | |
|--|-----------------------------|-------------------------------|
| Name as it appears on license _____ | | State Issued _____ |
| License Number _____ | Endorsements (if any) _____ | License Expiration Date _____ |
| Do you have a car? Yes _____ No _____ | | _____ |
| _____ | Year _____ | Make _____ |
| _____ | Model _____ | License Plate # _____ |
| Special Licenses: _____ | | |
| Do you have valid liability insurance? Yes _____ No _____ | | |
| Have you had a traffic accident or violation within the past 5 years? Yes _____ No _____ | | |
| If yes, please explain. _____ | | |
| _____ | | |



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PROFESSIONAL SKILLS

List most recent job first

Employer # 1 Name _____ How long? _____

Street Address/Apt No. _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ Position _____

May we contact this employer? Yes _____ No _____

Employer #2 Name _____ How long? _____

Street Address/Apt No. _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ Position _____

May we contact this employer? Yes _____ No _____

EDUCATION/CERTIFICATIONS

Highest Level Completed (check one): Some High School _____ High School _____ Associates _____

Graduating High School: Bachelors _____ Masters _____ Doctoral _____

Name _____ City _____ State _____ Year _____

College, Training or Other Certifications

Name _____ State _____ Degree/Certification _____ Year _____

Name _____ State _____ Degree/Certification _____ Year _____

Name _____ State _____ Degree/Certification _____ Year _____

Do you have a current CPR Certification? Yes _____ No _____



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| PERSONAL REFERENCES | | |
|--|----------------------------|---------------------------------|
| Name _____ | Relationship _____ | Phone _____ |
| Name _____ | Relationship _____ | Phone _____ |
| Name _____ | Relationship _____ | Phone _____ |
| CHILD CARE EXPERIENCE | | |
| What age group (s) do you have experience with? Check all that apply | | |
| Pre-School _____ | School Age _____ | Teenagers _____ |
| Do you have experience with special needs? | | |
| ADD/ADHD _____ | Cognitive Impairment _____ | Food Allergies _____ |
| Autism/Asperger's _____ | Diabetes _____ | Hearing/visual impairment _____ |
| Cerebral Palsy _____ | Down Syndrome _____ | Learning Disabilities _____ |
| APPLICANT CERTIFICATION | | |
| I certify that the answers and other information on this application are true and correct to the best of my knowledge. Additionally, I understand that misrepresentation or false or fraudulent information on or related to this information may be grounds for disqualification from the hiring process as well as potential termination if hired. | | |
| Signature _____ | | Date _____ |

Moms Helping Moms Shuttle Service does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, genetics information, disability, or status as a protected veteran. The Company's nondiscrimination policy applies to all phases of its employment process and to all other aspects of its transportation programs and activities.

Thank you for choosing Moms Helping Moms Shuttle Service! We appreciate you taking the time to fill out this application.



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NON-COMPETE AGREEMENT

I, _____(Associate), hereby agree not to directly or indirectly compete with the business of the Company and its successors and assigns during the period of employment and for a period of two (2) years following termination of employment and notwithstanding the cause or reason for termination.

The term "not compete" as used herein shall mean that the Associate shall not own, manage, operate, consult or to be employee/and or consultant in a business substantially similar to or competitive with the present business of the Company or such other business activity in which the Company may substantially engage during the term of employment.

The Associate acknowledges that the Company shall or may in reliance of this agreement provide Contractor access to trade secrets, customers and other confidential data and good will. Associate agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

Signature _____ Date _____

Statement of Confidentiality

In accordance with our philosophy and commitment, it is also noted:

Moms Helping Moms® staff will respect the privacy of the children and families enrolled in our program.

The positive self-esteem of our children and families is critical and can be undermined by a violation of their privacy. All information concerning children and their families is of a very sensitive nature and should be respected.

I agree to keep ANY AND ALL INFORMATION discussed or observed in the shuttles of the Moms Helping Moms® vehicles, relating to any child enrolled, unquestionably confidential.

I agree that I will keep all personal and sensitive information disclosed by parents completely confidential and will report only pertinent information to proper authorities.

Signature _____ Date _____