

**WEST ALABAMA HEALTH
SERVICES, INC. D/B/A
WEST ALABAMA PUBLIC
TRANSPORTATION**

Return to:
West AL Public Transportation
500 East Washington Street
Demopolis, Alabama 36732

Date _____

MARK ITEMS "NA" IF THEY ARE NOT APPLICABLE TO YOU

Full _____ Specific Position
Applying For _____
Last First MI

Address _____ Soc. Sec. # _____

Phone# () _____

The following information is required for record keeping purposes only:

Date of Birth _____ Sex _____

Provide the name, telephone number, and relationship to the applicant who may be contacted in an emergency:

Name: _____ Phone _____ Relationship _____

EDUCATION

High School Graduated from _____ Year _____

Address: _____

GED _____ Date of GED _____

List All Colleges, Universities, or other Schools Attended:

Name of School or College	Date Attended	Degrees	Major	Minor(s)

Date of Most Recent Physical Exam: _____

Significant Findings _____

Present Health Status: Good Fair Poor (Circle One)

Do you have any physical limitations that would prevent you from moving or lifting patients or equipment? Yes No

Ever denied health, life or disability insurance? Yes No

Have you ever been hospitalized at any time during the past (5) five years? Yes No

Are you currently under limitations in terms of activity or workload? Yes No

Are you currently taking any medication that may affect either your judgment or motor skills? Yes No

Do you presently have a physical or mental health condition, including an alcohol or drug dependency that affects or is reasonably likely to affect your ability to perform your duties appropriately? Yes No

Are currently engaged in any rehabilitation program? Yes No

If you answered yes to the above questions, please explain: _____

Position applied for: _____ County seeking employment in _____

EXPERIENCE (List work experience beginning with the most recent employment position)

Dates	Names & Location of Employer	Type of Position Held	Supervisor Name	Reason for Leaving

List three references:

Name	Address	Phone Number

Have you ever been convicted of a crime? _____ No _____ Yes (If yes, briefly explain the nature of offense)

Have you ever been suspended or dismissed from a job? Yes No

Skills: _____

License(s): _____

I certify the above information is true.

Signature _____ Date _____

This application will remain in the active file for approximately three years from the date of submission.

WEST ALABAMA PUBLIC TRANSPORTATION

Is an equal opportunity employer, without regard to the race, color, creed, disability, sex, religion, national origin or age of an applicant.