

**Show-Me Medical Transportation, LLC**  
**Contract Driver Application**

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid information will not be considered.

<i>Date:</i>	<i>Name (Last, First, Middle):</i>	<i>Other names under which you have used:</i>	
<i>Street Address:</i>		<i>City, State &amp; Zip:</i>	
<i>Social Security Number:</i>	<i>Home Phone:</i>	<i>Mobile Phone:</i>	<i>Other Phone:</i>
<i>Are you eligible to work in the United States?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Are you 22 years of age or older?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Have you ever been a contract driver before?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If YES, what company, what dates and why do you no longer drive for them:</i>	
<i>To your knowledge, are you related to any current SMMT, LLC employees or drivers?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If YES, their name &amp; their relationship to you?</i>	
<i>Do you have a valid driver's license?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If YES, State of issuance, license #, and expiration date:</i>	
<i>How did you learn about SMMT, LLC? Check all that apply:</i>			
<input type="checkbox"/> <i>Ad in newspaper</i> <input type="checkbox"/> <i>Social Media</i> <input type="checkbox"/> <i>Dept. of Labor</i> <input type="checkbox"/> <i>Job Bulletin (Posting)</i> <input type="checkbox"/> <i>Walk-in</i> <input type="checkbox"/> <i>Referral by employee/driver – name:</i> <input type="checkbox"/> <i>Career Source Website</i> <input type="checkbox"/> <i>Website</i> <input type="checkbox"/> <i>Other – Explain:</i>			

**EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.</i>						

**SKILLS:** Please list any skills or experience relevant to this position.

**WORK EXPERIENCE**-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

**PLEASE NOTE:** Show-Me Medical Transportation, LLC reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk:	Title:
Starting Pay/Month:	<b>Organization Name and Address:</b>	
Final Pay/Month:		
Supervisor's Name & Title	Supervisor Phone Number:	Contact my current references: <input type="checkbox"/> At any time  <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		
Reason for Leaving:		
Additional Comments:		

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk:	Title:
Starting Pay/Month:	<b>Organization Name and Address:</b>	
Final Pay/Month:		
Supervisor's Name & Title	Supervisor Phone Number:	Contact my current references: <input type="checkbox"/> At any time  <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		
Reason for Leaving:		
Additional Comments:		

**WORK EXPERIENCE – Continued....**

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk:	Title:
Starting Pay/Month:	<b>Organization Name and Address:</b>	
Final Pay/Month:		
Supervisor's Name & Title	Supervisor Phone Number:	Contact my current references: <input type="checkbox"/> At any time  <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		
Reason for Leaving:		
Additional Comments:		

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk:	Title:
Starting Pay/Month:	<b>Organization Name and Address:</b>	
Final Pay/Month:		
Supervisor's Name & Title	Supervisor Phone Number:	Contact my current references: <input type="checkbox"/> At any time  <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		
Reason for Leaving:		
Additional Comments:		

**Attach additional sheets if necessary.**

**REFERENCES** - In addition to job references above, please list three professional references that we may contact.

Name	Phone Number	Email Address (if known)	How do you know them?

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration, or discontinuation of services after contract status if discovered at a later date. I authorize SMMT, LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application. If requested, I agree to submit to a physical exam, criminal background investigation, and/or screening for illegal substances upon conditional offer to be an Independent Contract Driver for SMMT, LLC. I understand that this document is NOT an offer of employment, and that if a contract relationship is established it does not guarantee any amount of work. I understand that SMMT, LLC serves at-will, and the contract relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If contracted, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications May be Returned By:**

Fax  
(573) 372-5466

Email  
support@SMMT-LLC.com

Mail  
SMMT, LLC  
P.O. Box 1585  
Laurie, MO 65038

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

METHOD RECEIVED: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_