



New Hire Application

Applicant Information

Please complete the following information so we can process your application for the Service/Shop Technician position at Mobility Driven.

- Full Name: _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____
- Current Address: _____
- Preferred Method of Contact: Phone Email Text

Position Details

- Available Start Date: _____
- Desired Employment Type: Full-Time Part-Time Temporary
- Are you legally authorized to work in the U.S.? Yes No
- Do you have a valid driver's license? Yes No
 - DL# _____
- Are you able to lift 50+ lbs. regularly? Yes No

Skills & Experience

- Do you have experience servicing or repairing mobility equipment (e.g., wheelchairs, scooters, lifts)? Yes No
- If yes, please describe:

- List any certifications or technical training relevant to this role:

- Tools and equipment you are familiar with:



Employment History (Most Recent First)

Please provide details about your two most recent employers.

1. Employer Name: _____
 - Job Title: _____
 - Dates of Employment: _____
 - Responsibilities: _____

 - Reason for Leaving: _____
2. Employer Name: _____
 - Job Title: _____
 - Dates of Employment: _____
 - Responsibilities: _____

 - Reason for Leaving: _____

References

Please provide two professional references that we may contact.

1. Name: _____
 - Relationship: _____
 - Phone/Email: _____
2. Name: _____
 - Relationship: _____
 - Phone/Email: _____

Additional Information

- Why are you interested in working at Mobility Driven?

- Anything else you'd like us to know?

Uniform Sizing

Please indicate your preferred uniform sizes below:

- T-Shirt Size: S M L XL XXL Other: _____
- Hoodie Size: S M L XL XXL Other: _____



Background Check Authorization

I understand that employment with Mobility Driven is contingent upon the successful completion of a background check. I authorize the company to conduct a background investigation including criminal history, employment verification, and other relevant checks.

Signature: _____

Date: _____

Drug Screening Consent

I understand that Mobility Driven may require a pre-employment drug screening. I consent to participate in any required testing and understand that a positive result may disqualify me from employment.

Signature: _____

Date: _____

Final Signature

I certify that the information provided is true and complete to the best of my knowledge.

Signature: _____

Date: _____