



Ridgeland Office
667 Hwy 51 North
Ridgeland, MS 39157
Phone: 601-427-5973
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Booneville Office
201B West College Street
Booneville, MS 38829
Phone: 662-728-0057
Fax: 662-728-0073

Email: k.manning@shnams.com • www.shnams.com

INTRODUCTION AND CHECKLIST

Driver name: _____ Phone: _____

Email address: _____

Please submit the following:

1. Completed Application including:
 - Employment Application
 - Health Attestation
 - Fraud, Waste, and Abuse Attestation
 - HIPAA Attestation
2. Social Security Card
3. Driver's License

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year):

/ /

Applicant Data

How were you referred to us:

Position Applied for:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile/Pager/Other:

E-mail:

Date Available to Start:

Social Security Number: - -

Salary Requirements:

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain:

Have you ever worked for this company? Yes No If yes, when?

Are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position):

State:

Education History

Name & Location of High School:

Did you graduate?

Name & Location of College:

Years attended:

Degrees completed:

Other Subjects Studied:

Trade, Business or Correspondence School:

Years attended:

Subjects Studied:

Did you graduate?

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____ Date: _____

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

Health Attestation

By my signature below, I hereby attest that I possess physical and mental fitness, as necessary to perform my job duties in the transportation of persons.

Specialty Healthcare

Provider's Legal Name

Driver's Name

Title

Driver's Signature

Date

Fraud, Waste, and Abuse Attestation

As part of your ongoing training and education, you are required to review the Fraud, Waste and Abuse training presentation on an annual basis. By signing this document, you acknowledge that you and your staff involved with MTM assigned trips have reviewed and understand the Fraud, Waste and Abuse training presentation. Any questions you may have regarding the Fraud, Waste and Abuse training presentation should be directed through your chain of command.

Company Name: (please print) _____

Employee Name: (please print) _____

Employee Title: (please print) _____

Employee Signature: _____ Date: _____

HIPAA Attestation

As part of your ongoing training and education, you are required to review the HIPAA training presentation on an annual basis. By signing this document, you acknowledge that you and your staff involved with MTM assigned trips have reviewed and understand the HIPAA training presentation. Any questions you may have regarding the HIPAA training presentation should be directed through your chain of command.

Company Name: (please print) _____

Employee Name: (please print) _____

Employee Title: (please print) _____

Employee Signature: _____ Date: _____