

DRIVER PARTNERSHIP APPLICATION

BossMental Transport: Medical Logistics Division

Instructions: Please complete all sections. **BossMental Transport LLC** requires all contractors to maintain high standards of professionalism, safety, and HIPAA compliance.

1. APPLICANT INFORMATION

Full Name: _____

Phone Number: _____

Email: _____

Residential Address: _____

City/State/Zip: _____

Driver's License #: _____ State: _____ Exp: _____

2. VEHICLE SPECIFICATIONS

Year/Make/Model: _____

Vehicle Type: Sedan SUV Cargo Van

Minivan

Does the vehicle have working Air Conditioning? Yes No

Current Mileage: _____

3. EXPERIENCE & COMPLIANCE

Have you ever worked as a Medical Courier?

Yes No

If yes, for how long? _____

Do you currently hold any of the following certifications? (Check all that apply)

HIPAA Privacy Training

OSHA /Bloodborne Pathogens (BBP)

Defensive Driving Certificate

Are you willing to undergo a drug screen and criminal background check? Yes No

4. AVAILABILITY

Preferred Shift: Day (8am-5pm) Night (5pm-2am) On-Call/Stat

Days Available: Mon Tue Wed Thu Fri Sat Sun

When are you available to start?

5. EQUIPMENT AUDIT

Do you currently own a medical-grade cooler? Yes No

Do you currently own an OSHA spill kit? Yes No

Do you have a smartphone with GPS and data capabilities? Yes No

6. DISCLOSURE & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if I am partnered with **BossMental Transport LLC**, I will be acting as an **Independent Contractor** and will be responsible for my own taxes, vehicle maintenance, and insurance. I authorize **BossMental Transport LLC** to verify my driving record and background.

Applicant Signature: _____

Date: _____

Administrative Use Only

MVR Check Result: Pass Fail

Background Check Result: Pass Fail **Insurance Documents Verified:** Yes No

Interviewed By: _____ **Date:** _____