

Thank you for your interest in driving with FMG. Complete this application and email it to info@fieldsmobilitygroup.com, or apply on our website.

YOUR INFORMATION

First Name**Last Name****Email****Phone Number**

PRIMARY SERVICE AREA

City**State / Province****ZIP / Postal Code****Are you 18 or older?**☐ Yes ☐ No

DRIVING EXPERIENCE

Do you have a valid driver's license?☐ Yes ☐ No**Years of Driving Experience****Have you had any accidents or moving violations within the past five years?**☐ Yes ☐ No**Do you have professional driving experience?** Rideshare, chauffeur/private transportation, medical transportation, delivery, courier, shuttle, or similar work.☐ Yes ☐ No

VEHICLE INFORMATION

Do you have a vehicle available for FMG assignments? If yes, fill in the vehicle and insurance questions below. If no, skip to the next question.☐ Yes ☐ No**Vehicle Year****Make****Model****Do you currently carry valid auto insurance?**☐ Yes ☐ No**Will you drive a customer's vehicle?**☐ Yes ☐ No

TRIP COVERAGE

What types of assignments are you interested in? Check all that apply

- ☐ Airport Transfers
- ☐ Long-Distance Transportation
- ☐ Patient Transportation
- ☐ Corporate & Executive Transportation
- ☐ Vehicle Relocation / Customer Vehicle
- ☐ Courier / Delivery

How far are you willing to travel for assignments?

- ☐ Local / Regional
- ☐ Up to 100 miles
- ☐ Up to 300 miles
- ☐ Long-Distance / Interstate
- ☐ Multi-Day / Nationwide

AVAILABILITY

When are you generally available? Check all that apply

- ☐ Weekdays
- ☐ Weekends
- ☐ Evenings
- ☐ Overnight
- ☐ Multi-Day Trips

ABOUT YOU

Tell Us About Your Experience Briefly describe your professional driving background, the types of transportation or delivery work you've done, and anything else you'd like us to know.

How did you first learn about FMG?

I confirm the information in this application is true and complete.

Signature

Date