

Membership Application

Today's Date

Last

Middle

First

Date of Birth

Birth City

Birth State

Address: _____, _____, _____, _____
Street Address City State Zip

Home Phone (____) ____-____ Work Phone (____) ____-____ Cell (____) ____-____

Email Address: _____@_____._____

Where Do You Work? _____

How long have you worked here? _____

Date Of Hire

Supervisor Name

(____) ____-____
Supervisor Contact #

What is your Position? _____ How long in this role? _____

Company Name _____ Type of Business _____

Company Address: _____, _____, _____, _____
Street Address City State Zip

Last Three Employers

How long have you worked here? _____

Date Of Hire

Supervisor Name

(____) ____-____
Supervisor Contact #

What was your Position? _____ How long in this role? _____

Company Name _____

Company Address: _____, _____, _____, _____
Street Address City State Zip

Company Name _____ Type of Business _____

Company Address: _____
Street Address City State Zip

How long have you worked here? _____
From Date To Date

_____ () _____
Date Of Hire Supervisor Name Supervisor Contact #

What is your Position? _____ How long in this role? _____

Why did you leave? _____

Company Name _____ Type of Business _____

Company Address: _____
Street Address City State Zip

How long have you worked here? _____
From Date To Date

_____ () _____
Date Of Hire Supervisor Name Supervisor Contact #

What is your Position? _____ How long in this role? _____

Why did you leave? _____

Give Three References

_____ () _____
Full Name Contact Address Contact Phone #

_____ Email _____
When did you meet? Relationship

Have you ever gotten a traffic citation?

Yes__ No__ If Yes, for what violation were you cited? Please explain.

_____.

Have you ever gotten cited for reckless driving? Yes__ No__

If Yes, please explain _____
_____ If No (NA) _____

Do you have any pending court date, (criminal or traffic)? Yes__ No__

If Yes, please explain _____
_____ If No (NA) _____

Are you absconding (evading, hiding or on the run from) arrest? Yes__ No__

If Yes, please explain _____
_____ If No (NA) _____

Are you currently on Parole or Probation? Yes__ No__

If Yes, please explain _____
_____ If No (NA) _____

Have you paid your debt to society and have been reformed from past detention?

Yes__ No__ If yes, **please explain** what crime you were arrested for, did you pay restitution, where did you complete Parole or Probation and list three Professionals who can legally vouch for your amazing turn from crime and what you're doing today to improve your life.

What crime did you turn from? _____.

How much was your restitution and what jurisdiction did you pay it to? _____

Who was the Judge that expunged your crime? _____
• What court house? _____ What date? _____

Who was your Parole or Probation Officer? _____

What jurisdiction did you complete Parole or Probation. Date completed? _____

Name three Professionals (Clergy, Police Officer, Judge, P.O. ONLY... no personal friends) who have walked with you, know first hand, watched and can legitimately vouch for your change and new walk in life.

Judge: _____
 Court Sitting at time **Full name** **From Date** **To Date**
() _____ - _____ @ _____
 Judge Phone# **Email Address**

Clergy: _____ **Date Acquainted:** _____, _____
 Pastor's Name

 Name Of Church **Church Address** **City** **State**
() _____ - _____ **Email Address:** _____ @ _____
 Pastor Phone#

Parole/Probation Officer: _____
 Jurisdiction Reported **From Date** **To Date**

 P.O.'s Full Name () _____ - _____ **Email:** _____
 P.O. Phone #

Police Officer: _____
 Jurisdiction Patrolled **From Date** **To Date**

 Police Officer's Full Name () _____ - _____ **Email:** _____
 Officer's Phone #

Drug Use History

Do you drink alcohol? Yes__ No__ Do you Smoke? Yes__ No__

If Yes, please explain _____

_____ **If No (NA)** _____

Are you currently on any prescribed medication? Yes__ No__

If Yes, please explain _____
_____ If No (NA) __

Have you ever gotten high from unprescribed drugs? Yes__ No__

If Yes, please explain _____
_____ If No (NA) __

Are you: Married__ Divorced__ Separated__ Single__

Spouse or Partner's Name _____
First Name MI Last name

Date You Both Became an Official Couple?

Do you have children? Yes__ No__ If yes, how many? _____

Emergency Contact Person:

Primary: _____ () ____-____ () ____-____
Full Name / Relationship 1st Contact # 2nd Contact #

Secondary: _____ () ____-____ () ____-____
Full Name / Relationship 1st Contact # 2nd Contact #

Do you have Medical Insurance? Yes__ No__ If yes, what type of Medical Insurance?

_____ () ____-____ _____
Provider's Name Physician # Primary Physician Name

Are you currently being treated by a Physician for anything that would prevent you from SAFELY riding any eMobility Vehicle? Yes__ No__ From any eScooter? Yes__ No__

If Yes, please explain your injury/illness _____

_____.

eMobility Experience

What is an eMobility Vehicle? _____

Have you ever used, owned or ridden a Motorcycle? Yes__ No__

if yes, please explain what kind and the extent of your usage _____
_____ If No (NA) _____

Do you have a Class M1 or M2 license? Yes__ No__ If yes, which one? _____

Do you understand Class M2 Laws? Yes__ No__

If Yes, please explain why you think eScooters must have one _____
_____ If No (NA) _____

What is the Speed Limit in California for eScooters? _____

Can eScooters operate on roads 35mph? Yes__ No__

If Yes, please explain under what conditions _____
_____ If No (NA) _____

Can eScooters turn left in traffic with automobiles? Yes__ No__

If Yes, please explain _____
_____ If No (NA) _____

Is wearing a Helmet a suggestion for eMobility Riders? Yes__ No__

If Yes, please explain _____
_____ If No (NA) _____

How often should an eScooter operator wear Safety Gear? _____

What Safety Gear does West Coast Scooters Mandate its Members to wear? _____

Do you have a problem wear full Safety Gear when you ride? Yes__ No__

What is Pre and Post trip inspection? _____

Do you have anything you need to add to this application before you sign and swear to its content authenticity? _____

Please provide your Social Security Number and California Driver's License, so that we can complete your background check.

Social Security # _____ **Calif. Driver's License #:** _____

I _____ swear on the grounds of perjury, and agree that every answer given on this Application is veritably true. **I hereby authorize** West Coast Scooters (or its Officers) to complete a criminal back ground check, drug screening, mental back ground and traffic history search– to qualify as a Member of this highly integral Club. I understand that **West Coast Scooters** has a high reputation of Integrity and character in the Communities that I wish to Serve after becoming A **Champion Of Good** in this prestigious Club, and that this is but the first of four Phases that I must complete in order to become an Official **COG** Member.

By Signing this Contract, I agree this _____ day of _____ at _____ am/pm, in the year _____, that **my declaration is true** and will serve to disqualify me from **ever** becoming a Member if at any point– I've lied.

Print Full Name

Signature

Witness

Executive Commander