



Mobile Occupational Services, Inc.

Partners for a Quality Workforce
11687 Hesperia Rd • Hesperia, California 92345 • (760) 244-6886

THIS FORM IS MANDATORY FOR ENROLLMENT: RE-Enrollment NEW Enrollment

This form can also be completed on our website: <http://mobileoccupationservices.com/enrollment-re-enrollment>

Company Information:

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Contact Information: (Primary contact will be billing contact unless indicated)

Primary Contact: _____
 Mobile or Direct Phone: _____ Alternate Phone: _____
 e-mail: _____ Fax: _____
 e-mail Fax Mail only - For test result correspondence - please Preferred method(s)

Alternate Contact: _____
 Mobile or Direct Phone: _____ Alternate Phone: _____
 e-mail: _____ Fax: _____
 e-mail Fax Mail only - For test result correspondence - please Preferred method(s)

Names of Commercial Drivers to be enrolled: (please use additional sheet for longer lists)

Name: _____	SSN: _____
Name: _____	SSN: _____
Name: _____	SSN: _____
Name: _____	SSN: _____

NOTICE: Pre-Employment Tests must be completed on any drivers added to the pool.

Once we receive this form, with management fee, and memo of understanding (M.O.U.) testing will be arranged. **If testing has not been completed you will not be enrolled. If this is for re-enrollment and pre employment(s) and M.O.U. have been completed they are not required again.** Any new drivers that have not been in the consortium must complete a pre-employment. **This is mandatory by DOT regulations.**

Supervisor Training:

Companies with more than one driver OR who are not owner operators must complete a reasonable suspicion training course. **This a mandatory DOT requirement.**

Requirement Completed Class Room Course On-Line Course

We recommend a refresher be taken every 2 to 3 years to be up to date on all current regulations.

Contact me for Drug & Alcohol History Services Contact me for e-verify with I-9 form integration

Signature: _____ Date: _____

Designated Employer Representative (Primary Contact)

This form must be completed for enrollment!!! Questions: Phone 760-244-6886 Fax 760-244-6061