



# NET TRANS

A Program of the First Tennessee Human Resource Agency

704 Rolling Hills Drive  
Johnson City, TN 37604  
Phone: 423-461-8233  
Fax: 423-461-8247

## Job Access/Reverse Commute Transportation Application

### Applicant Information:

Applicant Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_\_ SS#: \_\_\_\_\_

### Employment Information:

Name of Company: \_\_\_\_\_  
Immediate Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Work Schedule: Mon. Tues. Wed. Thurs. Fri. (Circle Days Needed)  
Hours: \_\_\_\_\_ To: \_\_\_\_\_

### Daycare Information:

Will applicant need child care transportation: Yes or No (Circle One?)  
Names and ages of children to be transported:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Name of Daycare: \_\_\_\_\_  
Address of Daycare: \_\_\_\_\_  
Telephone number of Daycare: \_\_\_\_\_

### Eligibility Requirements:

What is your annual **household** income: \$ \_\_\_\_\_  
Number in household? \_\_\_\_\_  
How are you paid? Monthly Bi-monthly Weekly (Circle One)  
Are you disabled: Yes or No (Circle One)  
Do you use a wheelchair: Yes or No (Circle One)  
Do you use a walker: Yes or No (Circle One)

### **I certify the above information is correct:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send application to the following address:  
N.E.T. Trans Transportation, Attn: Job Access Coordinator, 704 Rolling Hills Drive, Johnson  
City, TN 37604 or fax to 423-461-8247. For questions please call: 423-461-8210

**NOTE: Income and Employment information must be completed prior to application being processed.**

For FTHRA Office use only:

Approved: Yes or No  
Reason for denial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_