



# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

FOR OFFICE USE ONLY	
Work Location	_____
Position	_____
Rate	_____
Date	_____

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

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in future upgrading. American TransMed is an equal opportunity employer and selects the best individual for the job based upon related qualification, regardless of race, color, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status, or disability. American TransMed will make reasonable accommodation to known physical and mental limitations of a qualified applicant with a disability unless the accommodation will impose an undue hardship on the overall operations of American Transmed. In order to be considered, all application sections must be completed.

Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Are you legally eligible for employment in the United States? \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip

Telephone No. \_\_\_\_\_ Alternate Number \_\_\_\_\_ Email \_\_\_\_\_

Positions(s) applied for \_\_\_\_\_ Date available \_\_\_\_\_

Rate of pay expected \$ \_\_\_\_\_ per (circle one: hr / yr ) How did you learn of this position? \_\_\_\_\_

Type of employment seeking: (circle all that apply: Fulltime / Part-Time / Temporary / PRN ) Shifts Available: \_\_\_\_\_

Location(s) applied for: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have any relatives working for American TransMed? \_\_\_\_\_ If yes, location and department \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Do you have a valid driver's license (state/no./restrictions) \_\_\_\_\_

Do you have reliable transportation to work? \_\_\_\_\_ Have you been cited for any moving violations in the last three years? \_\_\_\_\_

Has your driver's license ever been suspended, revoked, denied, or cancelled? \_\_\_\_\_

Have you had any accidents in the last three years? \_\_\_\_\_ Explain all driving-related violations to which you answered "yes." \_\_\_\_\_

If you have ever been fired or asked to resign from any job, been refused bond by a bonding company, or have reason rendering you incapable to perform the essential duties of the job for which you are applying, please explain. \_\_\_\_\_

Have you ever been convicted of a crime? (Include any finding or plea of guilt; exclude minor traffic offenses) \_\_\_\_\_

If yes, provide dates, places, charges, and disposition. Conviction will not necessarily bar you from employment. \_\_\_\_\_

## Employment History: List below all present and past employment, beginning with your most recent.

I. **Name and Address of Company / Type of Business:**

\_\_\_\_\_ Type: \_\_\_\_\_ Telephone: \_\_\_\_\_

No. Street City State Zip

Dates of Employment: From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Position: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Employment History (Continued from front)

### II. Name and Address of Company / Type of Business:

Type: \_\_\_\_\_ Telephone: \_\_\_\_\_

No. Street City State Zip

Dates of Employment: From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Position: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### III. Name and Address of Company / Type of Business:

Type: \_\_\_\_\_ Telephone: \_\_\_\_\_

No. Street City State Zip

Dates of Employment: From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Position: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact the listed employers? \_\_\_\_\_ If not, indicate by number which one(s) you do not wish us to contact \_\_\_\_\_  
 Maiden or other names which educational institutions may know you \_\_\_\_\_

## Education

Institution	Address	Did You Graduate	Degree/Diploma	Major	GPA
High School:					
College/University:					
Vocational/Tech:					
Graduate/Other:					

### ONLY Emergency Medical Technician and Paramedic applicants must complete the following section

Credentials	Name	Location	State & Certification #	Year of Expiration
EMT				
EMT Paramedic				
Hazmat				
Other				

### REFERENCES: Please provide three references familiar with your professional, educational, and/or performance background below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:** I CERTIFY all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date. I UNDERSTAND the employer may request an investigative consumer report agency, as well as my criminal record. I understand should this application or a criminal record check reveal conviction of a crime, further processing of this application or my employment, if hired, may be terminated. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S. I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current or prior listed employers and organizations from any liability in making such statements. I hereby waive any right or claims I have on or against all current and/or former employers, their agents, employees, and representatives and damages that may directly or indirectly result from disclosure or release of information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claims necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GIVE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE EMPLOYER OR MYSELF.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_