

# Premier Medical Transportation, Inc. Premier Medical Equipment and Supply, Inc.

## Application for Employment

*Please Print*

### Personal Information

Name Last		First	Middle Initial	Date
Social Security #		Phone:	Alternate Phone:	
Please list addresses for the past three (3) years:				
Present Address:				
Street		City	State	Zip
Previous Address:				
Street		City	State	Zip
Previous Address:				
Street		City	State	Zip
Previous Address:				
Street		City	State	Zip

### Job Interest

Position Applied For:		Date Available:	Salary Desired:	
Currently Employed? Yes No		May we contact your present employer? Yes No		
Have you ever been employed by Premier before? Yes No		If Yes, give date:		
Are you currently on "lay-off" status and subject to recall? Yes No		Will you travel if required? Yes No		
Best time to contact you:		Referred by:		

### Education

High School: Name		City	State	Diploma /GED
College: Name		City	State	Major Degree
Other (Please specify):				

### General Information

Have you ever been convicted of a felony or misdemeanor? Does not include any traffic violations, juvenile offenses or military convictions except by general court martial. (Note: Convictions are not necessarily a bar to employment). Yes No If yes, explain:	
Are you a U.S. Citizen or can you establish that you are authorized to work in the U.S.? Yes No	
Do you have the physical ability to perform all essential functions of the position for which you are applying? Yes No If no, explain:	
Are you proficient in any other languages? Yes No If yes, explain:	
Are you available to work weekends? Yes No What days or hours are you available?	
Are you available for "on-call" status? Yes No What days or hours are you available?	
Have you had any accident or traffic citations within the last 3 years? Yes No If yes, explain:	

## Employment History

Beginning with the most recent, please describe your employment history during the last 10 years. Please indicate any military service and periods of unemployment. If additional space is required, please attach.

May we contact your present employer? Yes No

State any restrictions you wish us to observe \_\_\_\_\_

Employer	Position	From	To	Salary Start	Final
Address	City	State	Zip	Supervisor	
Phone Number	Reason for leaving				
Job Duties					

Employer	Position	From	To	Salary Start	Final
Address	City	State	Zip	Supervisor	
Phone Number	Reason for leaving				
Job Duties					

Employer	Position	From	To	Salary Start	Final
Address	City	State	Zip	Supervisor	
Phone Number	Reason for leaving				
Job Duties					

Employer	Position	From	To	Salary Start	Final
Address	City	State	Zip	Supervisor	
Phone Number	Reason for leaving				
Job Duties					

## References

Please list three personal or business references, other than relatives or former employers:

Name and Occupation	Address	Years Known	Phone

# INFORMATION RELEASE FORM

I, \_\_\_\_\_, give permission for Premier Medical to request my Department of Motor Vehicle Records for the purpose of determining my eligibility for employment. I understand that this is not a contract or an offer of employment, and if I am not hired this confidential information will be destroyed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE FILL IN THE FOLLOWING INFORMATION:

Name: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CA Drivers License # \_\_\_\_\_ Exp. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicants Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal and state Laws.

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

**FOR OFFICE USE ONLY**

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Arrange Interview? Yes No Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug Screen and Physical Test Date \_\_\_\_\_ Results \_\_\_\_\_

Employed? Yes No Date of Employment \_\_\_\_\_ Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION**

In connection with my suitability for employment with Premier Medical, I authorize Premier Medical to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record. I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Premier Medical. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

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

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

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

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

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street / P. O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street / P. O. Box      City      State      Zip Code      County      Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

**For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES:  NO**

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

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