

Premier Medical Transportation, 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 Comfortline 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:	: am/pm	

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

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

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 _____