



Application for Employment

Metz Medical Transport considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class. Metz Medical Transport, Inc. IS A DRUG FREE WORKPLACE!

PERSONAL INFORMATION

Name: _____ Date: _____
(Last) (First) (MI)

Social Security Number: ____ - ____ - _____ email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Other Phone: _____

Are you at least 18 years of age? YES NO Date Available to Start: _____

Hours Requested (please circle one) FULL TIME PART TIME

How did you find out about us? _____

Do you have relatives or friends currently working for this organization? YES NO

If yes, please list names: _____

POSITION INFORMATION

Position applying for: _____

Have you ever worked for this organization? _____

If YES, give Date(s): _____ Prior Position(s): _____

Reason(s) for Leaving: _____

CERTIFICATION INFORMATION (List only current certifications – photocopies required at interview)

Certification	Cert Number	Exp Date	Certifying Agency
CPR			
EMT/PARAMEDIC			

NATIONAL REGISTRY			
PALS			
ACLS			
BTLS			
PHTLS			
OTHER: _____			

WORK REQUIREMENTS AND GENERAL INFORMATION

Can you provide proof, if hired, that you are eligible to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class: _____

State Licensed issued? _____ Driver's License # _____

List all moving violations (convictions), accidents, suspensions or revocations of your driver's license in the last five years:

Have you ever been charged with, convicted of, or plead guilty or no contest to a felony or misdemeanor, including a DUI/DWI or similar offense, had any moving violations, or had your license revoked or suspended? YES NO

If YES, Explain: _____

A conviction will not necessarily disqualify you from employment

Have you ever been excluded or are currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If YES, Explain: _____

EMPLOYMENT HISTORY
(List last three employers or volunteer activities, starting with most recent)

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employers Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employers Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

Employer: _____

Job Title: _____ Supervisor: _____

Start Date: _____ Salary: _____

End Date: _____ Salary: _____

Job Description (including duties and responsibilities): _____

Employers Telephone #: _____ May we contact?: YES NO

Reason for leaving: _____

MILITARY:

Branch of Service	Date Began	Date Ended	Rank/Duties	Date Discharged	Location

Explain any gaps in employment: _____

PAST EMPLOYMENT

Have you ever been:

- Disciplined or terminated for reckless driving? YES NO
- Placed on probation or terminated for excessive absenteeism? YES NO
- Disciplined or fired for insubordination? YES NO
- Disciplined or fire for violation of safety rules? YES NO
- Disciplined or fired for assault or fighting? YES NO
- Disciplined or fired for harassment? YES NO
- Disciplined or fired for patient abuse? YES NO
- Disciplined or fired for alcohol or drug related activity? YES NO

If you answered YES to any question above, please explain: _____

Answers of YES for any of the above questions will not necessarily disqualify you from employment

EDUCATION AND TRAINING

High school:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Have you received your GED? YES NO

College:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Degree: _____ Major: _____

Other College:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Degree: _____ Major: _____

Technical School:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO If not, highest grade completed: _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

Other School/Training:

Name: _____ Address: _____

Years completed: _____

Did you graduate? YES NO

If not, highest grade completed: _____

Certificate: _____ License: _____

Expires: _____ Expires: _____

Other: _____

EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE: _____

EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application: _____

REFERENCES

List **THREE** persons, other than relatives, who have knowledge of your work experience and/or education:

Name: _____ Address: _____

Occupation: _____

Years known: _____

Telephone number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years known: _____

Telephone number (including area code): _____

Name: _____ Address: _____

Occupation: _____

Years known: _____

Telephone number (including area code): _____

List TWO personal references that have known you for at least three years outside of work:

Name: _____ Address: _____

How they know you: _____

Years known: _____

Telephone number (including area code): _____

Name: _____ Address: _____

How they know you: _____

Years known: _____

Telephone number (including area code): _____

Acknowledgment

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release the Company and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded; my employment with the Company may be terminated.

Applicant's Signature: _____ Date: _____

Printed Name: _____