



## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal state or local law.

### PERSONAL BACKGROUND

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last, First Middle

### CURRENT ADDRESS

Street City State Zip E-Mail \_\_\_\_\_  
Phone # \_\_\_\_\_ Referred by \_\_\_\_\_

Position Applying for \_\_\_\_\_ Date you can start \_\_\_\_\_

Full time or Part time \_\_\_\_\_ Specify hours \_\_\_\_\_ Salary Desired \_\_\_\_\_

Is there any reason we may not inquire of your present or prior employers? If yes, please explain

Have you ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_

If driving is a requirement of the job for which you are applying, do you have a valid drivers license? If you are a minor, can you produce the work certificate necessary to obtain employment?

YES or NO \_\_\_\_\_

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? (Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.)

YES or NO \_\_\_\_\_

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Note: This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.)

YES or NO \_\_\_\_\_

If yes, please describe fully the criminal conviction(s), listing the nature of offense(s) and your rehabilitation since the conviction(s).

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	HIGHEST GRADE/LEVEL COMPLETED	MAJOR AREA OF STUDY
High School			
College			
Trade/Technical/ Graduate			

Please enter any specialized skills, training, and/or certifications you currently have.

#### WORK EXPERIENCE

Please list below your last four employers, starting with your present or tail piece of employment. You may include any verifiable work performed on a "volunteer" basis, internship, or military service

Date: Mo./Yr.	Name, Address and Phone # of Employer	Salary	Position	Name of Supervisor
fr _____ to _____				
fr _____ to _____				
fr _____ to _____				
fr _____ to _____				

#### REFERENCES

Please give the names and additional work related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer related references.

	Name & Position	Company	Telephone	E-Mail
1				
2				
3				

#### APPLICATION CERTIFICATION-PLEASE READ CAREFULLY

I understand that this application is not a contract, offer, or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company President and me.

I further understand that I am responsible for being familiar with the Company's policies, rules and regulations, and I understand that the company has complete discretion to modify its policies, rules, regulations and procedures at any time, to the extent permitted by federal, state, and local law, except this it will not modify its policy of employment-at-will. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law. And, I agree to complete any requisite authorization(s) form(s).\* I release all parties from any liability arising out of this provision and the use of such information.

Applicant's Signature  Date

\*Federal law requires a separate release form when obtaining Consumer Credit Reports.



## **Disclosure and Release Form (MVR's)**

In connection with my application for employment (including contract for services) or membership with FENIX Medical Transport. I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

I have read and understand the above conditions for compliance with the FENIX Medical Transport MVR policy.

\_\_\_\_\_  
Driver's License Number / State of Issue

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Name (type or print)

\_\_\_\_\_  
Last 4 of SSN

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Representative Signature

\_\_\_\_\_  
Date

**INCLUDE EITHER A SCANNED COPY OR A PICTURE OF THE FRONT AND BACK OF YOUR DRIVERS LICENSE.**