

Priority One Medical Transport, Inc.

Application for Employment

Priority One is an Equal Employment Opportunity Employer (EEOC) and does not discriminate with regards to race, color, religious creed, disability, handicap, ancestry, national origin, age, or sex.

Name _____ Social Security no. _____
Last (with suffix) Middle First

Address _____
City State Zip

Phone no. _____ Second phone _____

Driver's license _____ State issued _____ Expiration date _____

Person we may contact in an emergency _____ Relationship _____
Address _____ Phone no. _____
_____ Second phone _____

Applying for _____ Date available to start _____

Are you able to work shifts? _____

Weekends? _____

Holidays? _____

Education

High School _____ Diploma? _____ Date (from/ to) _____

College _____ Degree? _____ Date (from/ to) _____
Course of study _____

E.M.S. training _____
Certification _____ Level _____
State and Certification no. _____ Expiration date _____

Additional Training and/or certifications _____

Employment History

Company name _____ Employed date (from/ to) _____

Priority One Medical Transport, Inc.

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Address _____	Phone no. _____
_____	Supervisor's name _____
City _____ State _____ Zip _____	
Reason you left _____	May we contact? _____
Company name _____	Employed date (from/ to) _____
Address _____	Phone no. _____
City _____ State _____ Zip _____	Supervisor's name _____
Reason you left _____	May we contact? _____
Company name _____	Employed date (from/ to) _____
Address _____	Phone no. _____
City _____ State _____ Zip _____	Supervisor's name _____
Reason you left _____	May we contact? _____

Professional References

Name _____	Phone no. _____
Occupation _____	
Name _____	Phone no. _____
Occupation _____	
Name _____	Phone no. _____
Occupation _____	

General

Have you ever been convicted of a felony? _____ Misdemeanor? _____
If "yes" for either, please explain _____

Have you ever been convicted of a D.U.I. or serious motor vehicle offense? _____
Has your license ever been suspended or revoked? _____ If so, when? _____
If "yes" for either, please explain _____

Can you safely lift heavy objects? (i.e., a patient on a stretcher) _____

I hereby attest that the above information is correct and that any falsification of information submitted may be reason for immediate termination of employment, should I be hired. I also grant permission to verify all of the above information for possible employment purposes only.

Signature _____ **Date** _____

Please type your initials above if submitting electronically.
You will be required to sign at time of interview

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DO NOT WRITE OR TYPE BELOW THIS LINE

Date of interview _____

Position _____

Date of hire _____

Part or Full-time _____

Wage/Salary _____

Shift _____

Signature _____

Date _____