



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION	
Name:	Date:
Address:	Phone:
City:	State: Zip:
Are you legally eligible to work in the United States? Yes No	
Emergency Contact(s):	
Name: _____	Phone: _____ Relation: _____
Name: _____	Phone: _____ Relation: _____
POSITION APPLYING FOR	
Title:	Salary Desired:
Referred By:	Date Available:
EDUCATION	
High School (Name, City, State):	
H. S. Diploma:	G.E.D. Other:
Business or Technical School:	
Degree, Major:	
Undergraduate College:	
Degree, Major:	
Graduate School:	
Degree, Major:	
Medical Training:	
Address:	
Area of Study:	
Graduated? Yes No (Circle one) Date Graduated:	
If you did not graduate from high school and/or college please explain:	
Are you planning to pursue further studies? Yes No (Circle one) If yes, please explain:	
Do you have experience in mobile intensive care transports? Yes No (Circle one)	
Please list and explain any other school or specialized training:	

LEVEL OF EMERGENCY MEDICAL TRAINING

Level:	Certification or License #:	Expires:
---------------	------------------------------------	-----------------

Are you certified in the following? If yes, please list level, certification number, and expiration date

Specialty	Level	Certification Number	Expiration Date
BCLS			
ACLS			
PALS			
BTLS			
PHTLS			
PLS			
EMD			

REFERENCES

Give names, addresses and phone #'s of three persons not related to you, whom you have known for at least one year.

Name:	Phone Number: ()	Years Acquainted:
Name:	Phone Number: ()	Years Acquainted:
Address:	Business:	
Name:	Phone Number: ()	Years Acquainted:
Address:	Business:	

Please describe any extra curricular activities, or volunteer work you feel may be helpful:

Receipt of this application does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken otherwise.

Trancare Medical Transport is an equal opportunity employer and will consider all applicants equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act.

I certify that all information provided by me in this application is true and accurate without any purposeful or consequential omissions. I understand that any false, misleading, and/or incorrect statements made by me during the interview process or on this application may result in rescission of any and all employment offers and/or agreements.

I hereby authorize Transcare Medical Transport and any of its related companies, subsidiaries, or agents to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications. I consent to their revealing any and all information they wish as a result of this investigation and waive my right to bring any cause of action against these individuals for defamation, invasion of privacy, or any other reason because of their statements.

I hereby authorize Transcare Medical Transport and any of its related companies, subsidiaries, or agents to receive any driving and criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

I agree that, if employed, I will abide by all rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination.

I further understand that no one in the Company is authorized to enter into any written or verbal employment or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Printed Name: _____

Signed Name: _____

Today's Date: _____

APPLICANT CONSENT / DISCLOSURE / RELEASE

I hereby authorize Transcare Medical Transport and any of its related companies, subsidiaries, or agents to receive any driving and criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY VERIDATA SERVICES, INC. TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to VeriData Services, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Transcare Medical Transport to procure consumer reports at any time during my employment period.

Name: _____

LastFirst

Middle

Maiden/Alias: _____ Social Security #: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Current Address: _____

City

CityState

Zip

If less than 3 years at current address:

Previous Address: _____

City

CityState

Zip

Signature: _____

Date: _____

Witness: _____

Date: _____