

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants will be given equal opportunity and that selection decisions will be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on the lines specified. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Today's date: _____ Job applying for: Sub-contractor/ driver

Are you seeking: ☐ Part-time ☐ PRN ☐ Temporary ☐

When can you start work? _____

Where did you hear about us? _____

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

E-mail Address

Telephone #

Alternate Telephone #

Other/ Nicknames you have used

Date of Birth

Are you 25 years of age or older? (Required by insurance for drivers) YES ☐ NO ☐

If hired, can you provide proof you are eligible to work in the U.S.? YES ☐ NO ☐

If NO, please explain: _____

Have you ever applied here before? YES ☐ NO ☐ If YES, when? _____

Were you ever employed here? YES ☐ NO ☐ If YES, When? _____

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Education

High School or GED

College/ University

Graduate/ Professional

School Name:

Location:

Years completed:

Diploma/ degree:

Course of study:

Please list any professional licenses, certifications or registrations, which have been issued to you:

Name of license/ certification/ registration:

Number:

Year issued:

Expiration Date:

Has your license(s)/ certification(s)/ registration(s) ever been subject to disciplinary action? (Such as suspension or revocation) YES ☐ NO ☐ If YES, explain: _____

Are you under any investigation which could result in disciplinary action with respect to your license(s), Certification(s), or registration(s)? YES ☐ NO ☐ If YES, please explain: _____

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Work History

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If additional room is need, use back of this page or attach a separate piece of paper.

PLEASE GIVE MONTH AND YEAR.

NAME OF EMPLOYER	ADDRESS, CITY, STATE, ZIP	PHONE #	
DATE EMPLOYED FROM	DATE EMPLOYED TO	SALARY	SUPERVISOR NAME
JOB TITLE	DUTIES	REASON FOR LEAVING	

NAME OF EMPLOYER	ADDRESS, CITY, STATE, ZIP	PHONE #	
DATE EMPLOYED FROM	DATE EMPLOYED TO	SALARY	SUPERVISOR NAME
JOB TITLE	DUTIES	REASON FOR LEAVING	

NAME OF EMPLOYER	ADDRESS, CITY, STATE, ZIP	PHONE #	
DATE EMPLOYED FROM	DATE EMPLOYED TO	SALARY	SUPERVISOR NAME
JOB TITLE	DUTIES	REASON FOR LEAVING	

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PERSONAL REFERENCES

NAME	YEARS KNOWN			
ADDRESS	CITY	STATE	ZIP	PHONE #

NAME	YEARS KNOWN			
ADDRESS	CITY	STATE	ZIP	PHONE #

NAME	YEARS KNOWN			
ADDRESS	CITY	STATE	ZIP	PHONE #

NAME	YEARS KNOWN			
ADDRESS	CITY	STATE	ZIP	PHONE #

NAME	YEARS KNOWN			
ADDRESS	CITY	STATE	ZIP	PHONE #

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BACKGROUND

Have you ever been discharged from a job (fired, laid off, etc)? YES ☐ NO ☐

If YES, please explain: _____

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing or pled "no Contest" for any offense other than a minor traffic violation? YES ☐ NO ☐

If YES, please explain: _____

Are you charged with an unresolved criminal charge? YES ☐ NO ☐

If YES, please explain: _____

Have you been suspended, excluded from participation, or otherwise sanctioned, by authorized law enforcement, regulatory or licensing agency (ie: MEDICARE/ MEDICAID, TRICARE, ETC.)? YES ☐ NO ☐

If YES, please explain _____

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AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the nature and scope of the investigation.

I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, current or past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying for.

I understand that **METRO MEDICAL TRANSPORT** is not responsible for paying my income taxes, but will issue a 1099 form to me at the end of every year, and that I am responsible for paying my own income taxes.

I understand that I may be required to successfully pass a drug screening examination and criminal background check. I hereby consent to a pre-and/ or post employment drug screen as a condition of employment and continued employment if required. I hereby consent to METRO MEDICAL TRANSPORT to investigate my criminal background in order to confirm my qualifications for employment represented on my resume.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature:

Name printed:

Date:

This application will remain active for a limited amount of time. Ask the organization representative for details.

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Equal Employment Opportunity (EEO)

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristics.

METRO MEDICAL TRANSPORT is subject to certain governmental record keeping and reporting requirements for the administration civil rights laws and regulations. In order to comply with these laws, **METRO MEDICAL TRANSPORT** invites employees to voluntarily self-identify their race or ethnicity. Submissions of this information are voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

The information you provide is strictly confidential and will be maintained separate from your application form.

Applicant name: _____

Position applied for: Sub-contractor/ driver

PLEASE CHECK ONE:

- ☐ Male
- ☐ Female

INDICATE THE APPROPRIATE RACE/ ETHNIC GROUP:

- ☐ Hispanic or Latino
- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Two or More Races

How were you referred to this job?

- ☐ School/ College/ University
- ☐ Advertisement
- ☐ State Job Service
- ☐ Magnet/ Sign on Van
- ☐ Walk-In
- ☐ Search Firm/ Web: _____
- ☐ Employee Referral/ Name: _____
- ☐ Other: _____

Applicant's Signature: _____

Date: _____

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Drug-Free Workplace Policy

METRO MEDICAL TRANSPORT is committed to providing a safe, healthy and efficient environment for all employees/ sub-contractors. To help achieve this goal, employees/ sub-contractors are prohibited from:

- Possessing, distributing, selling, manufacturing, or being under the influence of any illegal drug.
- Consuming alcoholic beverages while on company premises, in a company vehicle, while on company business or time, or having alcoholic beverages on company property/ in company vehicles.
- Abusing prescription drugs or possessing prescription drugs that have not been prescribed for the employee by a physician.

An employee/ sub-contractor that violate this policy are subject to corrective action up to, and including termination of employment. Use of some drugs is detectable for several days. Detection of such drugs or the presence of alcohol will be considered being "under the influence". ***Refusal to submit to a drug/ alcohol screening test is grounds for immediate termination.***

The organization's substance abuse program includes several components to support its effects to remain drug-free, including the following:

- Supervisory training
- Employee awareness program
- Drug testing accidents involving injury and/ or property damage
- Drug testing when a supervisor suspects that an employee/ sub-contractor is "under the influence" during working hours
- Drug testing on a random basis

All information relating to drug and/ or alcohol screenings is to be kept strictly confidential. The information will be kept in each employee/ sub-contractor's medical file, which will be maintained separate from the employee/ sub-contractors' personal file. These medical files will be kept locked and secured, and access will be limited to certain individuals in the organization. Under no circumstance should the results of a drug/ alcohol screening be discussed with individuals that do not have a work-related need to know.

If a supervisor suspects that an individual is at work and "under the influence" of alcohol and/ or drugs, the supervisor should notify and/ or an officer in the organization to seek authorization to test the employee/ sub-contractor . The supervisor will be granted permission if sufficient objective symptoms exist to indicate that the employee/ sub-contractor may be "under the influence" of drugs and/ or alcohol.

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Knowledge of Policy Regarding Drug and Alcohol Testing Applicants

- I understand this testing will be performed as a "post offer" requirement of the hiring process.
- I understand that according to METRO MEDICAL TRANSPORT'S (known here-in as "the Company") Company Drug-Free Work Place Policy, urine, oral fluid, or blood draw test is a condition of initial and continued employment.
- I understand that, if at any time, my employer or an agent of my employer suspects, through reasonable belief, that I have used illegal or improperly prescribed drugs and/ or alcohol, I may be asked to submit to a drug/ alcohol test. In addition, if at any time I am involved in an incident with a patient or an injury while on the job, I will be asked to submit to a drug/ alcohol test. The primary means of testing will be urine unless The Company believes that an adulterating agent or other process has been utilized to promote a false "Negative" result.
- I understand that I may be required to undergo drug/ alcohol testing based on a random selection.
- I understand that in the event of any resident incident either intentional or accidental, the identified responsible employee(s)/ sub-contractor(s) will be drug/ alcohol tested.
- I understand that failure to consent to drug/ alcohol testing will be considered reason for immediate termination of my hiring process.
- I authorize the collection of urine or other fluid sample that will be tested for illegal or inappropriate use of prescription drugs according to The Company's Policy. I further authorize screening collection personnel and, if necessary, the laboratory to release the results of this test to an authorized individual(s) employed by The Company.
- I understand that this information will be kept confidential and limited to "need to know" personnel authorized by The Company. Beyond those individuals, the results will not be released without my written consent or as otherwise required by law.
- I understand that failure to comply with this requirement or failure to undergo testing when directed will result in my immediate termination from employment. I understand that if there is a "Positive" test result, without legal explanation, will result in my immediate termination from employment.
- Below is a list of **ALL** medications I am currently taking, both prescription and non-prescription. I may be asked to show proof of valid prescription for medications that appear on my drug screen.

- I have read the above consent form and understand it. I have had the opportunity to ask questions.

Applicant Name Printed

Applicant Signature

Date

Witness Name Printed

Witness Signature

Date

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Reference Check Waiver

In compliance with METRO MEDICAL TRANSPORT'S Corporate Policy and Procedures regarding hiring protocols and in compliance with Department of Human Resource Services Regulations, all potential employees/ sub-contractors will be checked through the following:

- Employee Misconduct Registry
- Criminal History Check
- License Verifications
- Mandatory Hiring Drug Screen

If it is determined that you are listed on any registry as unemployable due to a finding of abuse, neglect, exploitation, misappropriation of a clients property, or misconduct, you will not be employable at METRO MEDICAL TRANSPORT.

If you agree to the statements, terms and conditions, please sign below.

A. VERIFICATION OF ACCURACY OF STATEMENTS MADE IN EMPLOYMENT APPLICATION

I hereby certify that the information provided on my employment application and other materials submitted by me to obtain employment is true, complete and accurate. I understand that any false or misleading information may disqualify me from employment if discovered at any point after I have been hired or offered employment.

B. RELEASE OF CLAIMS AGAINST PROVIDERS OF REFERENCES AND/ OR OTHER EMPLOYMENT

I authorize verification of any information on my employment application. I authorize contact with all listed current and past employers and/ or references. I authorize any current/ past employer, person, or organization to provide any information requested that may be relevant and useful to the hiring decision. I expressly release any persons, organizations, or entities from any legal liability for making disclosure of any information about me, which is permitted by law, to release.

C. CONTACT WITH CURRENT EMPLOYER

I do/ do not authorize METRO MEDICAL TRANSPORT to contact my current employer. If, and only if, I authorize METRO MEDICAL TRANSPORT to contact my current employer, I agree that the terms in paragraph B also apply to my current employer.

Applicant Name Printed: _____

Applicant Signature: _____

Date: _____

Position Applying for: **Driver/ Sub-Contractor**

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Annual Background Check Consent

I understand that METRO MEDICAL TRANSPORT INC. will conduct a criminal background check on an annual basis and for any suspicion for the duration of employment.

I understand that METRO MEDICAL TRANSPORT INC. will conduct an investigation that verifies my social security number and includes information regarding my criminal background. I understand the criminal background will include my state and counties of residences to search for criminal records.

I understand that if I disagree with the accuracy of any information in the report, I must notify METRO MEDICAL TRANSPORT INC. representatives within 3 business days of receipt of the report. If I notify METRO MEDICAL TRANSPORT INC. within this time frame, I will have a reasonable opportunity to address the information contained in the criminal history background check report.

I understand the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing background investigations and that this information will be used for the purpose of making continued employment decisions.

Applicants Name Printed: _____

Applicants Signature: _____

Social Security Number: ____/____/____

Drivers License Number: _____ State: _____ Expiration Date: _____

Date: _____