

Employment Application

Position(s) for which you are applying _____

Name (Last) _____ (First) _____ (Middle) _____

Address _____

City _____ County _____ State _____ Zip _____

Home/daytime telephone _____ Alternate telephone _____ Soc. Sec. No. _____

E-mail _____

If you have worked using another name, please list name and indicate dates _____

Can you legally work in the USA? Yes..... No Date of Visa expiration _____

Have you ever been convicted or plead guilty to a felony or any drug-related offense? Yes..... No

Have you ever been reported to any agency for child abuse? Yes..... No

If yes, list dates, offenses and dispositions _____

(Convictions or guilty pleas are not an immediate disqualification from employment)

Have you ever worked for King's Daughters Medical Transport? Yes..... No If yes, when? _____ Position _____

Were you ever discharged by any company? Yes..... No

If yes, give names of compan(ies) and reason(s) _____

Names of friends and relatives employed by King's Daughters Medical Transport _____

Name and telephone of person to notify in event of an emergency _____

Education, Skills and Licenses

Name/City/State	Course of Study	Graduate?	Degree/Diploma Type
High School			
College			
Grad. School			
Business/Trade			
Other			

Employment Interest

Date available _____ Salary expected _____

- Full-time Part-time Per diem Temporary
 Days Evenings Nights

Can you work weekends?..... Yes No

How were you referred to King's Daughters Medical Transport?
 Classified ad Journal ad Walk-in Job line Employee
 Career fair Web site Other (specify): _____

Have you ever served in the Armed Forces? Yes..... No
 Branch of service _____ Specialized training? _____

Driver's licensure
 State _____ Expiration date _____

Professional licenses or certifications

Type	Number
State(s)	Expiration date(s)
Type	Number
State(s)	Expiration date(s)
Type	Number
State(s)	Expiration date(s)
Type	Number
State(s)	Expiration date(s)

Has your license from any state ever been suspended, probated or revoked?..... Yes..... No

If yes, please explain _____

Employment History

List current or most recent employer first. Explain all periods of unemployment on a separate sheet.



May we contact your current employer for a reference?..... Yes..... No

Company Name (current or last)		Telephone	
Address	City	State	Zip
Job title	Supervisor's name and title		
Type of business	Description of duties		
Dates employed from/to	Base rate of pay: at start, and last/current rate		
Reason for leaving			

Company Name		Telephone	
Address	City	State	Zip
Job title	Supervisor's name and title		
Type of business	Description of duties		
Dates employed from/to	Base rate of pay: at start, and last/current rate		
Reason for leaving			

Company Name		Telephone	
Address	City	State	Zip
Job title	Supervisor's name and title		
Type of business	Description of duties		
Dates employed from/to	Base rate of pay: at start, and last/current rate		
Reason for leaving			

Company Name		Telephone	
Address	City	State	Zip
Job title	Supervisor's name and title		
Type of business	Description of duties		
Dates employed from/to	Base rate of pay: at start, and last/current rate		
Reason for leaving			

References

List people who are qualified to evaluate your capabilities (do not include relatives)

Name	Telephone	Occupation	Years Known
Name	Telephone	Occupation	Years Known
Name	Telephone	Occupation	Years Known
Name	Telephone	Occupation	Years Known

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION: If the position for which I am applying requires a license or certification, I understand that it is my responsibility to supply a copy of the license or certification and to keep this license or certification current with a copy supplied to the appropriate department(s). I certify that my answers to the questions on this application are true and complete, to the best of my knowledge, and give King's Daughters Medical Transport the right to investigate all information and to secure additional information if necessary. I understand that I am required to successfully complete all testing procedures to be considered for employment and/or future promotions or transfers within King's Daughters Medical Transport and that successful completion is defined by the employer. I understand after an offer of employment has been made to me, that the satisfactory completion of a physical examination and background check is a condition of employment and that this exam includes a drug screen and that I may be denied employment based on the results.

I understand that this employment application and any other King's Daughters Medical Transport documents are not contracts of employment and that, if I am hired, I may voluntarily leave employment at any time for any reason and, likewise, King's Daughters Medical Transport may terminate my employment at any time for any reason. Any representations to the contrary by any King's Daughters Medical Transport representative should not be relied upon or be construed as King's Daughters Medical Transport policy.

If I am offered a position and I accept employment with King's Daughters Medical Transport, I agree to abide by all the rules and regulations which are in effect or may be established in the future. I agree to work any shift necessary for adequate coverage of the employer and agree to work overtime hours if called upon. I agree to be available for and will participate in cross-training. I also agree to attend training program offered and required by King's Daughters Medical Transport. I understand that as an employee, I am responsible for customer satisfaction and care in my work performance. I understand, if employed as a staff employee, that I am employed on an orientation period status for 90 days, and that any monies provided me as a discretionary allowance, relocation expense, reimbursement or other monetary support not included in my employee wages must be repaid in full if I leave my employment prior to satisfactory completion of my employment. Furthermore, I understand that falsification of any information on this or any other King's Daughters Medical Transport related form may result in withdrawal of the job offer or discharge after employment. I authorize the King's Daughters Medical Transport to make a thorough investigation of my past employment(s), school records, and all other facts or references stated above, and release from all liability or responsibility all persons, places of business, educational institutions and municipalities supplying such information.

Signature	Date
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