



EMPLOYMENT APPLICATION

We adhere to a policy of making employment decisions without regard to sex, race, creed, color, sexual orientation, gender identity, age, marital status, disability, religion, national origin, military service, arrest/conviction record, victims of domestic violence, and genetics.

First Name _____ Last Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ County _____

Position Desired _____ Part Time Full Time

If driving is a requirement of the job for which you are applying, do you have a current, valid NYS driver's license?

Yes No

License Endorsements: _____ License Restrictions: _____

License Class: _____

Are you able to perform the essential functions of the position with or without accommodations? YES NO

Are You 18 Years of Age or Older? _____ (If Under 18, Please State Your Age) _____

Date Available for Employment _____ Min Salary Requirements \$ _____

In case of an emergency, contact _____ Phone # _____

Employment Experience

Your present or most recent employer:

Company Name _____ Phone # _____

Employed (date) from _____ to (date) _____ Ending Salary/ Rate _____

Supervisor _____

Work Performed _____

Reason for Leaving _____

Previous employer:

Company Name _____ Phone # _____

Employed (date) from _____ to (date) _____ Ending Salary/ Rate _____

Supervisor _____

Work Performed _____

Reason for Leaving _____

Past employer:

Company Name _____ Phone # _____

Employed (date) from _____ to (date) _____ Ending Salary/ Rate _____

Supervisor _____

Work Performed _____

Reason for Leaving _____

EDUCATION

High School _____

Univ./College _____ Major/ Degree _____

Military, Business

Trade, Other _____ Major/ Degree _____

SPECIAL SKILLS, CERTIFICATES or PROFESSIONAL LICENSES

Summarize special job-related skills and qualifications from employment or other experience as well as any certificates or professional licenses that you hold.

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING BELOW

The facts set forth in my application are true and complete. I authorize Highland Patient Transport to investigate all statements contained in this application and hereby authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employer from all liability on account of furnishing such information to Highland Patient Transport. I understand that if employed, false statements, omissions or misleading statements on this application could lead to dismissal and agree that Highland Patient Transport shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading statements. Highland Patient Transport is hereby authorized to investigate my employment history, including the contacting of the employers on the previous page.

I understand that the filling of this application with the Highland Patient Transport a preliminary step to employment. It does not obligate the company to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving satisfactory background and reference checks as authorized by this statement and any other attachments. I understand that if I receive a contingent offer of employment and I accept the position, I may be required to complete additional information necessary for record keeping requirements. I agree to abide by all Company policies and procedures as outlined within Highland Patient Transport policies, memos, and other documents.

For those who are required to drive, our insurance carrier and/or the DMV may require us to submit employees to a physical exam; the results must be satisfactory for employment to continue. If hired, I understand that as an employee of Highland Patient Transport, my driving record will be continually reviewed and if at any time I am found to have traffic convictions (including, but not limited to DUI, DWI, excessive points on my license, etc.) my employment may be terminated.

Applicant Signature _____ Date _____