

AN EQUAL OPPORTUNITY EMPLOYER

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ()	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		
JOB TITLE		
IMMEDIATE SUPERVISOR AND TITLE		
EMPLOYER	TELEPHONE ()	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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Comments (Include explanation of any gaps in employment) _____

Skills and Qualifications (Summarize any special training, skills, license and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying)

Are you bilingual? ___Yes ___No

Which other languages can you speak/read/write? _____

Additional background related to driving or patient care.

List last three (3) schools attended, started with most recent. Indicate degree or diploma earned, if any. Major field of study. Minor field of study (if applicable).

A. School	B. Degree	C. Major	D. Minor

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Phone Number	Years Known

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 360 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am Free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand the no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

TRI COUNTY MEDICAL TRANSPORT
659 E. DINUBA AVE., REEDLEY, CA 93654
800-996-2990 FAX 559-637-1861

Authorization to Obtain Driving Records

Department of Motor Vehicle reports may be obtained as part of Tri County Medical Transport's evaluation of my job application. The reports may be procured by DiBuduo & DeFendis Insurance Brokers, LLC and may include my driving record to assess my insurability under the company's insurance coverages.

By signing this disclosure, I hereby authorize DiBuduo & DeFendis Insurance Brokers, LLC to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability. I give my permission to DiBuduo & DeFendis to share such reports with Tri County Medical Transport.

Applicant Information

Name

Signature

Date

Address

Driver's License #

Date of Birth