



Monarch Medical Transport considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, or any other protected class. Monarch Medical Transport is a DRUG-FREE WORKPLACE!

This following information is required upon interviewing for employment with Monarch Medical Transport:

- Driver License (copy)
- Social Security Card (copy)
- Permanent Resident card (copy)
- Birth certificate (copy)
- DD214 (Copy-if applicable)
- W4
- Background Check Consent
- Applicable Certifications

PERSONAL INFORMATION:

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Drivers License Number: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home telephone: _____ Cellular phone: _____

POSITION INFORMATION:

Position Applying for: _____

Seeking: (Circle One) Full Time or Part Time / (Circle One) Morning Shift or Afternoon shift

Check the current certifications you are submitting with your application:

- CPR exp: _____ EMT exp: _____ EMT-P exp: _____
- PALS exp: _____ BTLS exp: _____ EMD exp: _____
- CDL exp: _____ National Registry exp: _____ Other: _____

EMPLOYMENT HISTORY: (List employers starting with the most recent)

I. Employer: _____ Phone number: _____ May we contact? YES NO

Job Title: _____ Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Supervisor: _____ Reason for leaving: _____

II. Employer: _____ Phone number: _____ May we contact? YES NO

Job Title: _____ Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Supervisor: _____ Reason for leaving: _____

III. Employer: _____ Phone number: _____ May we contact? YES NO

Job Title: _____ Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Supervisor: _____ Reason for leaving: _____

IV. Employer: _____ Phone number: _____ May we contact? YES NO

Job Title: _____ Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Supervisor: _____ Reason for leaving: _____

V. Employer: _____ Phone number: _____ May we contact? YES NO

Job Title: _____ Start Date: _____ End Date: _____

Job Description (including duties and responsibilities): _____

Supervisor: _____ Reason for leaving: _____

Have you ever been placed on probation, disciplined or terminated for any of the following: (Circle the appropriate answer)

Note: Answer YES for any of the below questions will not necessarily disqualify you from employment.

Excessive absenteeism	<u>YES</u> <u>NO</u>
Excessive tardiness	<u>YES</u> <u>NO</u>
Insubordination	<u>YES</u> <u>NO</u>
Violation of rules or regulations	<u>YES</u> <u>NO</u>
Fighting or threats to fight	<u>YES</u> <u>NO</u>
Harassment	<u>YES</u> <u>NO</u>
Patient abuse	<u>YES</u> <u>NO</u>
Drug or alcohol related incidents	<u>YES</u> <u>NO</u>
Careless or Reckless driving	<u>YES</u> <u>NO</u>

If you answered yes to any question above, please explain: _____

EDUCATION AND TRAINING:

HIGH SCHOOL: _____ Did you graduate? YES NO

Certification obtained: DIPLOMA GED OTHER: _____

COLLEGE: _____ Did you graduate? YES NO

Field of Study: _____

Certification obtained: AA AS BA Masters OTHER: _____

COLLEGE: _____ Did you graduate? YES NO

Field of Study: _____

Certification obtained: AA AS BA Masters OTHER: _____

COLLEGE: _____ Did you graduate? YES NO

Field of Study: _____

Certification obtained: AA AS BA Masters OTHER: _____

TECHNICAL SCHOOL: _____ Did you graduate? YES NO

Field of Study: _____

Certification obtained: _____

OTHER SCHOOL/TRAINING: _____ Did you graduate? YES NO

Field of Study: _____

Certification obtained: _____

Describe any other relevant qualifications, experience, or training you feel would be beneficial for us to know when considering your application: _____

PROFESSIONAL REFERENCES:

Name: _____ Phone number: _____
(Last) (First) (Middle)

Years Known: _____ How Known: _____

Name: _____ Phone number: _____
(Last) (First) (Middle)

Years Known: _____ How Known: _____

Name: _____ Phone number: _____
(Last) (First) (Middle)

Years Known: _____ How Known: _____

PERSONAL REFERENCES: (Not relatives)

Name: _____ Phone number: _____
(Last) (First) (Middle)

Years Known: _____ How Known: _____

Name: _____ Phone number: _____
(Last) (First) (Middle)

Years Known: _____ How Known: _____

Name: _____ Phone number: _____
(Last) (First) (Middle)

Years Known: _____ How Known: _____

CRIMINAL HISTORY:

By obtaining employment with Monarch Medical transport:

_____ (Initial) I will not be in violation of any probation or parole conditions.

_____ (Initial) I am not a sex offender.

_____ (Initial) I have no restrictions or injunctions preventing me from being in contact with certain individuals.

_____ (Initial) I consent to allow Monarch Medical transport to conduct a criminal history check.

ACKNOWLEDGMENT:

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason not to be considered for employment or for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate Monarch Medical transport in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or Monarch Medical transport is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If officered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances will require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Monarch Medical transport as a condition of my employment, and I hereby give my consent to the release of all information which Monarch Medical transport deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Monarch Medical transport.

I hereby authorize Monarch Medical transport to investigate my employment history with current and/or former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries. I release Monarch Medical transport and all informants from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

I certify that I am not now, nor have I ever been excluded from any state or federal health care program. I further understand that if it is determined that I was so excluded, my employment with Monarch Medical transport may be terminated.

Applicant's Signature: _____ Date:
(Last) (First) (Middle)

Print Name: _____