

MERCY MEDICAL TRANSPORTATION, INC.

Phone: (760) 751-9797

**27350 Valley Center Road
Valley Center, CA 92082
(760)-751-9797 - Office
(760) 751-8880 - FAX**

APPLICATION FOR EMPLOYMENT

Thank you for your interest in MERCY MEDICAL TRANSPORTATION, INC. If you need help filling out this application form, or with any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

MERCY MEDICAL TRANSPORTATION, INC. is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, national origin, sex, age, marital status, sexual preference, veterans status or a physical or mental disability.

This application is considered current for six (6) months. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by filling out a new application.

PERSONAL INFORMATION

LAST NAME		FIRST	MIDDLE	DATE OF APPLICATION
STREET ADDRESS				HOME PHONE
CITY		STATE	ZIP CODE	CELL PHONE/PAGER
EMAIL		POSITION DESIRED		PAY DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? POSITION APPLIED FOR:				DATE AVAIL. FOR WORK
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AVAILABLE FOR FULL TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT DAYS AND HOURS CAN YOU WORK?				VETERANS STATUS
HAVE YOU EVER BEEN CONVICTED OF A FELONY? CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT CONSIDERATION. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE ALL DATES, PLACES, CHARGES AND DISPOSITIONS:				

EDUCATION/TRAINING

SCHOOL	NAME AND LOCATION	MAJOR	YRS COMPLETED	GRADUATION DATE	DEGREE/DIPLOMA
HIGH SCHOOL					
COLLEGE					
VOCATIONAL					
OTHER					

SPECIAL SKILLS

YOU MAY EXCLUDE THOSE THAT INDICATE YOUR RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, NATIONAL ORIGIN, OR DISABILITY. INCLUDE SKILLS SUCH AS BILINGUAL COMMUNICATION, HONORS, AWARDS, PUBLICATIONS, PATENTS, PROFESSIONAL SOCIETIES AND OTHER EXTRA CURRICULAR ACTIVITIES THAT MAY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

PREVIOUS EMPLOYERS

LIST ALL WORK EXPERIENCE, INCLUDING MILITARY, BEGINNING WITH YOUR PRESENT OR LAST POSITION.

EMPLOYER	TELEPHONE	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ADDRESS		EMPLOYED
NAME AND TITLE OF SUPERVISOR		FROM:
STATE JOB TITLE AND DESCRIBE YOUR DUTIES		TO:
		REASON FOR LEAVING
EMPLOYER	TELEPHONE	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ADDRESS		EMPLOYED
NAME AND TITLE OF SUPERVISOR		FROM:
STATE JOB TITLE AND DESCRIBE YOUR DUTIES		TO:
		REASON FOR LEAVING
EMPLOYER	TELEPHONE	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ADDRESS		EMPLOYED
NAME AND TITLE OF SUPERVISOR		FROM:
STATE JOB TITLE AND DESCRIBE YOUR DUTIES		TO:
		REASON FOR LEAVING
EMPLOYER	TELEPHONE	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ADDRESS		EMPLOYED
NAME AND TITLE OF SUPERVISOR		FROM:
STATE JOB TITLE AND DESCRIBE YOUR DUTIES		TO:
		REASON FOR LEAVING

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? IF SO, INDICATE BEST TIMES TO CONTACT EMPLOYERS.
 YES NO

THIS APPLICATION IS SUBMITTED WITH THE UNDERSTANDING THAT PRIOR TO A FORMAL EMPLOYMENT OFFER, I WILL BE REQUIRED TO COMPLETE MERCY'S BACKGROUND CHECKS AND PRE-PLACEMENT TESTING, WHICH MAY INCLUDE A DRUG AND ALCOHOL SCREEN.

POSITIONS THAT REQUIRE OPERATING A COMPANY VEHICLE MUST SUBMIT UPON ACCEPTANCE OF A FORMAL EMPLOYMENT OFFER A CURRENT MOTOR VEHICLE REPORT (MVR) THAT IS NOT MORE THAN THREE DAYS OLD. MVR'S WILL BE REVIEWED TO DETERMINE THE INDIVIDUAL'S INSURABILITY BASED ON MERCY'S INSURANCE CARRIER AND COMPANY POLICY. FAILURE TO BE INSURABLE MAY BE CAUSE FOR TERMINATION OF EMPLOYMENT.

I AUTHORIZE MERCY MEDICAL TRANSPORTATION, INC. TO INVESTIGATE ALL INFORMATION PROVIDED ON THIS APPLICATION AND/OR RESUME. EMPLOYMENT IS CONTINGENT ON MERCY VERIFYING ALL THE INFORMATION PRESENTED ON MY APPLICATION.

I UNDERSTAND THAT FALSIFICATION OF DATA (APPLICATION, RESUME, INTERVIEW, ETC.) SO GIVEN MAY PREVENT ME FROM BEING OFFERED EMPLOYMENT, OR IF HIRED, WILL SUBJECT ME TO IMMEDIATE TERMINATION FOR CAUSE.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO MERCY'S POLICIES AND PROCEDURES, I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF MERCY MEDICAL TRANSPORTATION, INC. OTHER THAN A DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT OR TO MAKE ANY AGREEMENT CONTRARY TO THE INFORMATION CONTAINED IN THIS APPLICATION.

IN ABSENCE OF A WRITTEN CONTRACT, I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF MERCY MEDICAL TRANSPORTATION, INC. OR MYSELF.

I HAVE READ AND UNDERSTAND THE ABOVE.

SIGNED X _____ DATED: _____