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**JOB APPLICATION**

**CENTRAL VALLEY MEDICAL TRANSPORT**

**4733 W SPRUCE AVE STE 105, FRESNO, CA 93722**

**559-385-4702**

CENTRAL VALLEY MEDICAL TRANSPORT is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

**Applicant information**

***Applicant Name:***

***Address:***

***City, State and Zip***

***Code:***

***Telephone Number:***

***Email Address:***

***Date of Application:***

**Employment Position­**

***Position(s) applying for:*** Driver (Full time)

How did you hear about this position?

What days are you available to work?

What hours or shift are you available for work?

If needed, are you available to work overtime?

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

Salaried desired:

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**Personal Information**

Have you ever applied to or worked for CENTRAL VALLEY MEDICAL

TRANSPORT before? Yes No

Do you have any friends, relatives, or acquaintances working for CENTRAL

VALLEY MEDICAL TRANSPORT Yes No

If yes, state name and relationship:

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the

case:

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

*(Note: CENTRAL VALLEY MEDICAL TRANSPORT complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

**Education and Training**

**High School**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

**College/University**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

**Vocational School/Specialized Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

***Previous Employment***

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State & Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State & Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State & Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

***References***

Please provide 3 personal and professional references(s) below:

|  |  |
| --- | --- |
| **Reference** | **Contact Information** |
|  |  |
|  |  |
|  |  |

***AT-WILL EMPLOYMENT***

The relationship between you and CENTRAL VALLEY MEDICAL TRANSPORT is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or CENTRAL VALLEY MEDICAL TRANSPORT. No representative of CENTRAL VALLEY MEDICAL TRANSPORT has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Business Development Executive/Chief Operations Officer or the Company’s President.

Applicant Signature: Date: