



PALMS MEDICAL TRANSPORT, LLC

Application for Employee

Hire Date: \_\_\_\_\_
Rate Hired: \_\_\_\_\_
Rejected: \_\_\_\_\_

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_
Position(s) Applied for \_\_\_\_\_
Name \_\_\_\_\_ Social Security \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_
E-mail \_\_\_\_\_ Alternate Phone \_\_\_\_\_
Permanent Address \_\_\_\_\_
If Necessary for the job, are you over: 18 21 (Please Circle One)
Are you applying with a spouse or friend? Yes \_\_\_\_ No \_\_\_\_
If so, please provide name of spouse or friend \_\_\_\_\_
Are you legally eligible for Employment in the USA: Yes \_\_\_\_ No \_\_\_\_ (If yes, verification will be required)
Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_
Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Physical History

Most of our positions require heavy physical labor. Are you capable of performing such duties?

\_\_\_\_\_

Is there anything that would prevent you from performing the duties of the job for which you have applied?

\_\_\_\_\_

Military Status

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Branch \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_
To \_\_\_\_/\_\_\_\_/\_\_\_\_
Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_/\_\_\_\_/\_\_\_\_

Education

High School last attended \_\_\_\_\_ Graduated Yes \_\_\_\_ No \_\_\_\_
Date \_\_\_\_/\_\_\_\_/\_\_\_\_
College/University last attended \_\_\_\_\_ Graduated Yes \_\_\_\_ No \_\_\_\_
Date \_\_\_\_/\_\_\_\_/\_\_\_\_
Other Education (business, technical or secretarial, etc.) \_\_\_\_\_

# PALMS MEDICAL TRANSPORT, LLC

## **How did you learn about our company?**

Employment Agency \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_  
Other \_\_\_\_\_

List number of **years** for the following: CPR \_\_\_\_\_ First Aid \_\_\_\_\_

## **Previous Employment**

Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

## **References: List three personal references who are not relatives or former supervisor**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ E-mail \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ E-mail \_\_\_\_\_

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## **Criminal History**

### **Section I**

Have you ever been convicted, pled guilty, "no contest" or admitted guilt (including participation in a first time offender program) to any misdemeanor or felony crime? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, EXPLAIN: (include WHERE, WHEN, CHARGED and SENTENCE)

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### **Section II**

Have you ever been convicted any misdemeanor or felony crime OTHER THAN (1) a marijuana related conviction that occurred more than two years ago; or (2) an offense for which you were referred to and participated in, a pretrial or post-trial diversion program? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please state the date of conviction, the county and state, and the nature of the offense

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### **Section III**

Have you or have you ever been listed on the HHS/OIG list of Excluded individuals/Entities or the General Service Administration's System for Award Management as an Ineligible Person? Yes\_\_\_\_\_ No\_\_\_\_\_

(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness, in relation to the job for which you are applying.)

#### Driver Licenses

A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes\_\_\_\_\_ No\_\_\_\_\_

B) Has any license, permit or privilege ever been suspended or revoked? Yes\_\_\_\_\_ No\_\_\_\_\_

If the answer to either A or B is **YES**, attach statement giving details.

#### **Driving Experience**

**Accident Record for Past 3 Years or more ( attach sheet if more space is needed )**

*Dates Nature of Accident Fatalities Injuries*

Last Accident

Next Previous

Next Previous

**Traffic convictions and forfeitures for the past 3 years (other than parking violations)**

*Location Date Charge Penalty*

Are you willing to sign a Driver's Release Form? \_\_\_\_\_

(Head-On, Rear-End, Upset, Etc.)

#### **TO BE READ AND SIGNED BY APPLICANT**

**Information to the applicant:** As part of our procedure for processing your employment application, your personal and employment references may be checked. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I hereby certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire or termination of employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_