

Valley Medical Transport

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APPLICATION

Employment Application

An Equal Opportunity Employer

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. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections clearly in blue or black ink.

Applicant Information

First Name:	Last Name:
Address:	Phone:
City, State, Zip:	Email:
SSN:	CDL:
Emergency Contact Phone:	DOB:
Relationship to You:	

How were you referred to Valley Medical Transport?: _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work? Y or N
- Regular part-time work? Y or N
- Regular full-time work? Y or N

Days available to work?	
Are you applying for temporary work?	If so, when are you available?
If hired, when can you start work?	Can you work weekends?
Can you work overtime?	Can you work evenings?

Personal Information:

Have you ever applied to / worked for Valley Medical Transport before? Y or N
If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Valley Medical Transport? Y or N
If yes, state name & relationship: _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed

(Note: Valley Medical Transport complies with the ADA and consider 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.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - state 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.)

Have you ever filed a worker's compensation claim before? Y or N

If yes, please describe the claim - state the nature of the claim(s), when, where, against who and outcome of the case(s)

Education, Training and Experience

SCHOOL TYPE	NAME	ADDRESS	YEARS COMPLETED	GRADUATE? Y/N	DIPLOMA? Y/N
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
VOCATIONAL					
MILITARY					

Additional Information

Do you speak, write or understand any foreign languages? Y or N If so which language?

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Y or N

If yes, please explain

Employment History

Are you currently employed? Y or N If you are currently employed, may we contact your current employer? Y or N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

PAST EMPLOYERS	EMPLOYER 1	EMPLOYER 2	EMPLOYER 3
NAME OF EMPLOYER			
NAME OF SUPERVISOR			
TELEPHONE NUMBER			
ADDRESS			
POSITION/DUTIES			
LENGTH OF EMPLOYMENT			
REASON FOR LEAVING			
MAY WE CONTACT?			

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

REFERENCES	REFERENCE 1	REFERENCE 2	REFERENCE 3
FULL NAME			
TELEPHONE NUMBER			
ADDRESS			
OCCUPATION			
# OF YEARS AQUAINTED			

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____