

SUPERIOR MEDICAL TRANSPORTATION

Application for Employment

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Please print clearly.
- Travel may be required for certain positions.

Superior Medical Transportation prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.

1

Date: _____

Name: _____

Telephone: () _____

Address: _____

Zip Code: _____

Are you legally entitled to work in the USA? _____

Position(s) applied for: _____

Date you are available for employment: _____

Wage or salary desired: _____

Have you ever worked for Superior Medical Transportation before? _____

If yes, when and where? _____

Applying for: Full-Time Part-Time

2

EDUCATIONAL BACKGROUND

Superior Medical Transportation has a company policy stating a minimum educational level of Grade 12 or equivalent for all positions.

EDUCATIONAL BACKGROUND – relevant to the position applied for

Highest level of education completed: _____

Name of educational institute: _____

What machines or equipment have you operated which relate to the position you have applied for? _____

Are there any skills, experience, of other qualifications which you feel would assist you in performing the duties of the position you have applied for? _____

3a**List below your last three employers, starting with the most recent.**

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

3b

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

3c

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

3d

Employer's Name: _____ Commencement Date: _____ Departure Date: _____

Reason for Departure: _____

Supervisor's Name: _____ Telephone: () _____

Position(s) Held: _____

Duties: _____

May we contact this employer? (If not, state brief reason): _____

4 If you are applying for a position that requires driving, please complete this section:

Do you have a valid driver's license? _____ License #: _____ State: _____

Due to insurance requirements, drivers must be at least 21 years old. Do you qualify? _____

Note: If you are selected for an interview, you are required to present a copy of your driving record that is not more than 1 week old. After being hired, a copy of this driving record will be placed into your personnel file and an annual update will be required.

Have you received a moving violation, or traffic violation in the past 3 years? _____ How many?

Citation(s) Description: _____

5 False information given or implied on an application form is grounds for immediate dismissal without further notice.

I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if Superior Medical Transportation at any time learns of falsification or material omission in the information provided on this application form and related documents. Superior Medical Transportation may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release Superior Medical Transportation, its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that Superior Medical Transportation reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

Applicant Signature: _____ Date: _____

NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.

Note: Additional personal information will be required to complete benefit forms after being hired.

Thank you for showing an interest in pursuing a career with Superior Medical Transportation.