



Are you a citizen of the U.S. or have the legal right to be employed in the United States? Yes  No

Have you ever been convicted of any crime (excluding minor traffic violations) including while driving under the influence of alcohol or drugs? Yes  No

If yes, please state offence, location, date and disposition. \_\_\_\_\_

**A conviction will not necessarily disqualify you from employment.**

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime is required by the job for which you are applying? Yes  No

If no, explain. \_\_\_\_\_

Have you ever been Sanctioned by Medicare or Medicaid or worked at a place barred from Participation in Medicare or Medicaid? Yes  No

If you Answered "Yes" Please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach only copies of relevant certifications and/or licenses to this application. (CPR, DRIVERS LICENSE, ETC)**

Hourly Rate Desired: \$ \_\_\_\_\_ Available Starting Date: \_\_\_\_\_

Minimum Hourly Rate \$ \_\_\_\_\_ Immediate Hire Check Here

Is your Salary Request Flexible? Yes  No

Have you ever applied to Eminent Medical Transport Inc before? Yes  No

Have you ever worked for Eminent Medical Transport Inc before? Yes  No

If answered Yes to either of the above questions, please state when and where you applied or have worked.

How did you learn of Eminent Medical Transport Inc.? \_\_\_\_\_

Are you now, or do you expect to be working at any other business or job? Yes  No

Are there any days or hours you will be unwilling or unable to work? Yes  No

If yes, please specify days and/or hours unwilling or unable to work. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b><u>Education:</u></b>			
Name, Address, Location	Dates	Graduate?	Courses Studied
High School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Trade School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Additional	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you did not graduate, why did you leave high school or college? _____			
Are you planning to pursue further studies?                      Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, when, where and what courses? _____			
If Yes; When are you scheduled to begin?                      Date: _____			
List any scholastic honors, offices held and any activities involved in during high school and college. _____			
List and describe and other schools or specialized training. _____			
<b><u>Military:</u></b> <span style="float: right; font-size: small;">(Eminent Medical prefers US Military Veterans)</span>			
Have you ever served in the military?                      Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please list service branch, date entered, date separated, and final rank. _____			
Are you currently in the Reserves? _____			
Will you be deployed at anytime in the future?                      Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain; _____ _____			

**Capability & Reliability:**

Will you be willing and able to perform all of the tasks required by the job which you are applying for?

Yes  No

If no, explain which tasks. \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your past or present employers?

Yes  No

If yes, please explain. \_\_\_\_\_

Will you abide by the rules and regulations of Eminent Medical Transport?

Yes  No

Have you ever been disciplined for violating company safety rules and/or regulations?

Yes  No

If yes, please explain. \_\_\_\_\_

How many days of work or school have you missed in the past two years?

\_\_\_\_\_

How many days have you been late for work or school in the past two years?

\_\_\_\_\_

Will you be willing and able to arrive on time for your scheduled shifts?

Yes  No

If no, please explain. \_\_\_\_\_

**Work History:**

Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
Supervisor's Name:		

Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
Supervisor's Name:		

Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
Supervisor's Name:		

Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
Supervisor's Name:		

Business Name:	Dates Employed:	Pay:
Address:	From: ___ / ___	Starting: \$ ____.
City, State, Zip:	To: ___ / ___	Ending: \$ ____.
Telephone:	Duties Held:	Reason for Leaving:
Title Held:		
Supervisor's Name:		

<b>Supplemental Employment Information:</b>	
If you worked in any of your previous positions under a different name, please give that name(s) below:	
Name: _____ Company: _____	Name: _____ Company: _____
Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, explain why. _____	
Have you ever been fired or asked to resign from a job? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain. _____	
Have you ever been disciplined or received verbal or written warnings for absenteeism? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain. _____	
Have you ever been disciplined or received verbal or written warnings for tardiness? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain. _____	

**Special Skills:**

Do you have a Current CPR Certification? Yes  No

If yes, please state provider and expiration date.

\_\_\_\_\_  
(AHA, ICE, ETC) STATE EXPIRATION

Have you received HIPAA Training in the Past? Yes  No

Do you type? Yes  No

How many words per minute? \_\_\_\_\_

Have you ever had any computer or word processing training? Yes  No

If yes, please explain. \_\_\_\_\_

Are you experienced with Microsoft Excel? Yes  No

If Yes, What is your proficiency?

Little  Basic  Moderate  Good  Expert

Do you speak English? Yes  No

Do you speak multiple languages? Yes  No

If yes, which language/s can you speak. \_\_\_\_\_

Do you know sign language? Yes  No

Please specify skills and abilities which you feel particularly qualify you for a position.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL NOTE:**

Although the primary role of the Paratransit Driver is to "Drive" or "Transport" patients, the Paratransit Drivers Position requires the applicant to Bend over and/or Kneel to secure patients a minimum of twenty (20) times per day. The Position also requires walking long distances while pushing a patient in a Wheelchair. Are you physically capable of performing these physical tasks?

Yes-I am capable of the physical demands of the position. No-I cannot fulfill the requirement

**Work References: Must be work related.**

**DO NOT list family or friends.**

Name: _____	Name: _____	Name: _____
Address: _____ _____	Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____	Telephone: _____
Relation: _____	Relation: _____	Relation: _____

**Please provide a brief statement on why you wish to be employed with Eminent Medical:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK SHIFT AVAILABILITY - MUST READ CAREFULLY**

A major portion of t applicants availability. Accurate scheduling is an essential attribute desired by the he decision to hire for the Eminent Team is based upon each company. Eminent Staff work weekends regularly as a normal part of their schedules. Also keep in mind we are a Medical Transportation Company which does **not** translate into a perfect Shift, we expect everyone work past their scheduled end time as needed. Be Honest, the hours you describe below will not only determine whether or not you are considered for employment but will be used to schedule you in the event you are hired. THIS AVAILABILITY CANNOT BE CHANGED AFTER HIRE FOR A MINIMUM OF ONE YEAR UNLESS APPROVED PRIOR TO HIRE.

*(Please use Military Time if you can)*

	Availability Start Time	Availability End Time	Availability Start Time	Availability End Time	
Monday	_____	_____	_____	_____	<b>EXAMPLE</b> START END    START END 12AM 8AM    3PM 1130 PM  APPLICANT HAS SCHOOL FROM 9AM TO 2 PM
Tuesday	_____	_____	_____	_____	
Wednesday	_____	_____	_____	_____	
Thursday	_____	_____	_____	_____	
Friday	_____	_____	_____	_____	<b>Management Only</b> <b>SCHEDULE TO CHANGE</b> <input type="checkbox"/> Date: _____ Approved by: _____
Saturday	_____	_____	_____	_____	
Sunday	_____	_____	_____	_____	

If you do not understand the portion above please ask. This is a commonly misunderstood area. Please keep in mind this form is a major portion of your application and hiring process.

**SECTION BELOW FOR PART TIME APPLICANTS ONLY**

If you are seeking Part Time Employment and are only available certain days of the week or month, please place an "X" on the days you are available for work.

MONTHLY AVAILABILITY FOR PART TIME APPLICANTS ONLY						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY





**Affidavit:**

I certify that the answers to the foregoing questions in this application are true and correct without any omissions of any kind. I agree that if I am employed by Eminent Medical Transport Inc, any false or misleading information made on this application or during any interview may be grounds for immediate termination.

I hereby authorize Eminent Medical Transport Inc to contact any company or individual necessary to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing of any and all information as a result of this application. I hereby waive my right to bring any cause of action against Eminent Medical Transport Inc for defamation, invasion of privacy or any other reason because of their statements.

I agree that if I am employed, I will abide by the rules and regulations of Eminent Medical Transport Inc. I understand that no employees of Eminent Medical Transport Inc is authorized to enter into any written or verbal employment contracts with myself for any definite period of time without the written consent of the President of Eminent Medical Transport Inc. I understand the taking of drug and alcohol tests, when given a reason by company policy, are a condition of continued employment and that refusing such tests are grounds for immediate termination. I understand that my employment is 'at-will' and my be terminated by myself or by Eminent Medical Transport Inc at any time for any reason or no reason at all, with or without prior notice. I further understand and agree a Post Hire Physical Exam is a condition of employment and any deficiency is cause for discharge from employment.



Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Background Check Submitted? Yes  No  Date: \_\_\_\_\_

Will applicant be driving a company vehicle? Yes  No

Drivers License Check Submitted? Yes  No  Date: \_\_\_\_\_

Payrates/Comments:

NOTE:

Training Rate: \$ \_\_\_\_\_

Day 1-120 Rate: \$ \_\_\_\_\_

121 Day to 1 Year Rate: \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Background Check Pass: Yes No By: \_\_\_\_\_ Date: \_\_\_\_\_

Driver License Check Pass: Yes No By: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier Approved: Yes No By: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Hired: Yes No By: \_\_\_\_\_ Date: \_\_\_\_\_