

NORTH STATE



MEDICAL TRANSPORT

Employment Application

Please complete all pages and return to
North State Medical Transport

1240 Corporation Park Way

Raleigh, North Carolina 27610

Office 919) 261-8911

Fax (919) 261-8991

Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**** PLEASE PRINT CLEARLY ****

Position(s) applied for _____ Date ____/____/____

How did you find out about this position? _____

If referred by a current employee please list their name. _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ SS# _____

City/State/Zip _____ Phone (____) _____

Email _____ Cell (____) _____

Please list any additional contact information. _____

For driving positions you must be 23 years of age. Do you meet this requirement? _____

Do you have a valid NCDL? _____

Please list your NCDL # and expiration date. _____

Do you hold a current North Carolina EMS certification? If so please list your level and your expiration date. Level: _____ Exp Date: _____ P# _____

Please list any other job related certifications you may hold. _____

Are you legally eligible for employment in the U.S.? (Proof of U.S. citizenship or immigration status is required if hired. _____

Employment Information

Are you seeking full time, part time? _____

Are you interested in day, night and rotational shifts? _____

Education (Circle highest level achieved)

HS Diploma GED College: 1 2 3 4 5 6 7 8

High School:

Name of school: _____ Location of School: _____

College:

Name of school: _____ Location of School: _____

Degree: _____

Work History

1. Company _____ Phone Number (____) _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Job Title: _____ Supervisor's Name & Title _____

Describe duties briefly:

Specific reason for leaving: _____

2. Company _____ Phone Number (____) _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Job Title: _____ Supervisor's Name & Title _____

Describe duties briefly:

Specific reason for leaving: _____

3. Company _____ Phone Number (____) _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____

Salary: Beginning _____ Ending _____

Job Title: _____ Supervisor's Name & Title _____

Describe duties briefly:

Specific reason for leaving: _____

References

Please list any references you would like for us to contact. Please include name, address and phone number.

Authorizations & Employment Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I authorize this company, if applicable, to request a copy of my motor vehicle driving record, criminal records, drug testing and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

Signature _____ Date _____

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company officers are authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (Please print) _____

DO NOT WRITE BELOW THIS LINE

Remarks: _____

APPROVED _____

Hired Start Date _____ Position _____

Salary Wages: _____