



Med·Care
TRANSPORTATION

APPLICATION FOR EMPLOYMENT

Name: _____

Date: _____

Position Applied For: _____



APPLICATION FOR EMPLOYMENT

Today's Date: _____ How were you referred to us? _____

Personal Information

Last name: _____ First name: _____ Middle name: _____

Date of Birth: _____ SSN: _____

Address: _____
(Numerical) (Street) (City) (State) (ZIP)

Home Phone: _____ Cellphone: _____

Email: _____

Driver's License #: _____ State: _____ Expiration: _____

In the case of an emergency, who may we contact? _____ Phone: _____

Background Information

Have you ever been convicted of or pled guilty to a crime? ____ Yes ____ No

If yes, please provide the date(s) and detail(s):

Answering "yes" to the above questions does not disqualify you from a position at MedCare.

Desired Schedule

Availability:

Full-time _____ Part-time _____ Temporary _____ Desired Salary: \$ _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days:							
Nights:							

Employment History

Please list the following information about your last three jobs.

1. Company name: _____ Phone #: _____ May we contact?

Start date: _____ End date: _____ Position: _____

Starting salary: \$ _____ Ending salary: \$ _____ Reason for leaving: _____

Job duties: _____

2. Company name: _____ Phone #: _____ May we contact?

Start date: _____ End date: _____ Position: _____

Starting salary: \$ _____ Ending salary: \$ _____ Reason for leaving: _____

Job duties: _____

3. Company name: _____ Phone #: _____ May we contact?

Start date: _____ End date: _____ Position: _____

Starting salary: \$ _____ Ending salary: \$ _____ Reason for leaving: _____

Job duties: _____

Education Information

Did you graduate from high school? ____ Yes ____ No Name of high school: _____
Address of high school (City, State): _____
Did you attend college/university? ____ Yes ____ No Did you graduate? _____
Name of the most recent college/university attended: _____
Major/Minor: _____ Degree: _____

Certifications & Licenses

Do you have a Public Service Commission license? Yes No
If yes, what's the license number? Issue date: Expiration date:

Do you have any EMS certifications or licenses? ____ Yes ____ No
If yes, what's your highest valid level of care? _____
License number: _____ Issue date: _____ Expiration date: _____

Do you have a valid CPR/AED certification? ____ Yes ____ No
Date issued: _____ Expiration date: _____ Location Issued: _____

Do you have any other relevant licenses and/or certifications you'd like to add?
License type: _____ License number: _____
Issue date: _____ Expiration date: _____

References

Please provide the following information for three non-family references. MedCare Transportation reserves the right to contact these references.

1. Name: _____ Relationship to you: _____
Phone number: _____ Email address: _____

2. Name: _____ Relationship to you: _____
Phone number: _____ Email address: _____

3. Name: _____ Relationship to you: _____
Phone number: _____ Email address: _____

Miscellaneous

Please list any other knowledge, skills, abilities, and/or experience you have about this position that you feel would make you the best candidate:

Please list any other information or hobbies about yourself which you think may help qualify you for a position with MedCare:

I certify that the information contained in this application is true and complete to the best of my knowledge and I understand that if employed, falsified information and/or statements contained on this application could result in my termination. By signing here, I authorize Med-Care Transportation to investigate all information given on this application.

I also understand that digital signatures are as legally binding as traditional handwritten _____ signatures.

Printed Name

Signature

Today's Date



AUTHORIZATION TO RELEASE INFORMATION

Full name: _____

Current address: _____

Dates lived here: _____ Email: _____

Addresses at which I've lived over the past seven years (address, city, state, ZIP, years lived there):

Date of Birth: _____ Other name(s) used: _____

SSN: _____ Driver's License Number: _____ State: _____

I, _____ do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, Labor and Wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records Inc. or MedCare Transportation of Maryland Inc. to obtain, whether the said records are public or private and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records Inc. and MedCare Transportation of Maryland, Inc. for identification purposes and for the release of information which will be considered in determining any suitability for employment. I certify that I have made true, correct and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation any party or agency contacted by IntelliCorp Records Inc. and/or MedCare Transportation of Maryland, Inc. to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

_____*I hereby ___ Do ___ Do Not authorize you to contact my current employer for employment and reference verifications (This will authorize immediate inquires to the Human Resources Department and to any listed supervisors or references in the employment history and references section of your application).

_____*I have the right to make a request to IntelliCorp Records Inc and MedCare Transportation of Maryland, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records Inc and/or MedCare Transportation of Maryland Inc. has previously furnished within the two year period preceding my request.

_____*I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplement to it and in any interview will be sufficient grounds for rejection/termination of employment.

Printed Name

Signature:

Date:

Disclaimer: This form is not meant to provide legal advice of any kind. Legal advice should be sought from your attorney. We make no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained herein. We make no warranty that this form is appropriate for your particular needs.

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SUBMIT APPLICATION**

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