



## APPLICATION FOR EMPLOYMENT

**MediRide, Inc. EMS is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age or disability. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the Human Resources Department.**

### Demographic Information (please print):

Date	Position Applied For	Desired Salary Range	Desired Classification <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Contingent
Name (As it appears on Social Security Card)		Social Security Number	
Last	First	M.I.	
Address (street, city, state & zip)			
Primary Telephone		Alternate Telephone	email

### Referral Source:

<input type="checkbox"/> Friend	<input type="checkbox"/> School	<input type="checkbox"/> Govt. Employment Agency	<input type="checkbox"/> MediRide EMS Web Site
<input type="checkbox"/> Employee	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Internet	<input type="checkbox"/> Other
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Staffing Agency	<input type="checkbox"/> Mailer	

Will you work overtime if required?	__NO	__YES
Are you legally eligible to be employed in the United States?	__NO	__YES
Are you over the age of 18 years?	__NO	__YES

### Answering "yes" to the following questions does not constitute an automatic bar to employment.

Have you ever been convicted, with or without trial of, pleaded guilty or no contest to, or otherwise been found to have committed a felony or misdemeanor other than a traffic violation? If "yes" please explain:	__NO	__YES
Have you ever been arrested for any crime related to physical or sexual abuse or assault? If "yes" please explain:	__NO	__YES
Have you ever been excluded from participation in a federal healthcare program (e.g. Medicare/Medicaid)? If "yes" please explain:	__NO	__YES
Has any license/certification held by you ever been subject to disciplinary action, suspension, or revocation? If "yes" please explain:	__NO	__YES
Do you currently use any drug other than prescription medication pursuant to and consistent with a valid prescription or over-the-counter medication with the medications directions? If "yes" please explain:	__NO	__YES
Do you have a current Driver's License?	__NO	__YES

Have you ever had your Driver's License revoked or suspended? If "yes" please explain:		___NO	___YES
Have you been cited for, been convicted of, plead guilty or no contest to a moving motor vehicle violation within the last 18 months? If "yes" please explain:		___NO	___YES
Driver's License number required if driving is required in the job for which you are applying	State	D.L. Number	

**References**

List name and telephone number of three business/work references, not related to you. If not applicable, list three school or personal references not related to you.

Name	Title	Relationship	Telephone No. and/or email address	Number of Years Known

**Employment History**

**Starting with your most recent employer, provide the following information**

Employer	Telephone #	Dates Employed	Month/Year	Month/Year
			/	to /
Street Address	City	State/Zip	Starting Compensation	\$ per
			Ending Compensation	\$ per
Starting Job Title		Ending Job Title		
Why did you leave?		May we contact for reference?		
		___YES ___NO ___LATER		
Summarize the type of work performed and job responsibilities				

Employer	Telephone #	Dates Employed	Month/Year	Month/Year
			/	to /
Street Address	City	State/Zip	Starting Compensation	\$ per
			Ending Compensation	\$ per
Starting Job Title		Ending Job Title		
Why did you leave?		May we contact for reference?		
		___YES ___NO ___LATER		
Summarize the type of work performed and job responsibilities				

Employer	Telephone #	Dates Employed	Month/Year	Month/Year
			/	to /
Street Address	City	State/Zip	Starting Compensation	\$ per
			Ending Compensation	\$ per
Starting Job Title		Ending Job Title		

Why did you leave?	May we contact for reference? ___YES      ___NO      ___LATER
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Summarize the type of work performed and job responsibilities

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on the previous page, have you ever been fired or asked to resign from a job? If "yes" please explain:	___NO	___YES
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**Educational Background (General)**  
Starting with your most recent school attended, provide the following information.

School (include city & state)	Number of Years Completed	Degree	GPA – Class Rank	Major/Minor

**EMS Education**  
Starting with your most recent school attended, provide the following information.

School (include city & state)	Number of Years Completed	Program	State License or National Registry Number

**License/Certification Verification**

Eligible to practice as a(n) _____	Eligible to practice as a(n) _____
State _____	State _____
License/Certification Number _____	License/Certification Number _____
___Temporary      ___Permanent	___Temporary      ___Permanent
Expires _____	Expires _____

**The following release may be sent to former employers, schools, volunteer organizations, etc. when doing reference checks, background checks and verifying employment.**

*"I have applied to MediRide, Inc. EMS for employment consideration. In order that they may better evaluate my qualifications, I wish that they be fully advised of my record with you.*

*I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to defamation, an invasion of privacy, or civil rights."*

Initials \_\_\_\_\_

**Please initial the following:**

If selected for employment by MediRide, Incorporated, the company may perform a driving record check in Michigan and any other state necessary. MediRide, Inc. will obtain copies of any reports and may condition employment on the information contained in such reports. Do you consent to such checks?

Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

If selected for employment by MediRide, Incorporated, the Company may perform criminal history background check. MediRide, Inc. will obtain copies of any reports and may condition employment on the information contained in such reports. Do you consent to such check?

Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

If you are offered a job, prior to reporting to work, you may be required to successfully complete a medical examination based on criteria that are necessary to performing the essential job junctions. Do you consent to such medical examination?

Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

Do you consent to a voluntary blood or urine test to detect the presence of drugs in your system, which may be required for all finalists for the position?

Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

**APPLICANT STATEMENT**

I understand that signing this application does not create a contract of employment. I certify that the facts contained in this application are true, accurate and complete. I understand that, if I am hired, any false or misleading statements or omissions on this application may result in my dismissal. I authorize investigation of all statements contained herein and authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I acknowledge that any offer of employment is contingent on the satisfactory completion of such investigation.

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with our without cause by either MediRide, Inc. EMS or myself. No one is authorized to may any contrary agreement or representation without approval of the President of MediRide, Inc. EMS. In the event that I am hired, I understand that regardless of the job that I am first assigned, I may be required to accept a change of position or location depending on my demonstrated skill after employment, and the needs of MediRide, Inc. EMS. I understand that initially and during the course of employment, I may be required to undergo and successfully complete a post-offer physical examination, which may include drug and alcohol screening, and I specifically consent to any such screening. I understand, also, that if hired I am required to abide by all rules and regulations of MediRide, Inc. EMS.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant PRINTED Name

**The Application For Employment MUST be filled out completely, signed and turned in with copies of all applicable licenses/certifications for your application to be considered.**

**Return Completed Applications To:  
Human Resources Dept.  
MediRide, Inc. EMS  
PO Box 987  
Marquette, MI 49855**

## Self-Identification Information Form

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability.

Please complete this information to assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. This Information Form will be kept in a separate, confidential file and will be use only for safety and government reporting purposes.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please choose only one  
Race/Ethnic Group:**

\_\_\_ African-American/Black

\_\_\_ American Indian/Alaska Native

\_\_\_ Asian/Pacific Islander

\_\_\_ Hispanic/Latino

\_\_\_ Caucasian/White

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

Signature: \_\_\_\_\_