

Preferred Medical Transport

Application For Employment

2104 Pease St.
Houston, TX. 77003
Office: 713-971-9000
Fax: 713-226-7660

Personal Information: (Please Print)

Date:	Social Security Number	Home Number
Name Last	First	Middle
Address		Cell Number
City	State	Zip Code
		Date Of Birth

Position Desired

- EMT
 EMT/I
 Paramedic
 Dispatch
 Wheelchair
 Business Office
 Marketing

Days / Hours available to work:

No Preference
 Mon _____
 Tue _____
 Wed _____
 Thur _____
 Fri _____
 Sat _____
 Sun. _____

Employment Desired
 Full Time
 Part Time
 Full or Part Time

Hours You Can Work Weekly:
 Minimum Hours _____
 Maximum Hours _____

Can you Work Weekends?
 Yes
 No

Can You Work Nights?
 Yes
 No

Are You Currently Enrolled In School?
 Yes
 No

If Yes, Where? _____ Major: _____

What Days Do You Have Classes On? _____

Do You Have Another Job?
 Yes
 No

Do You Plan To Continue Working There?
 Yes
 No

Are You Available To Work Immediately?
 Yes
 No

If No, When? _____

Personal References (Please Print)

Please Provide Three (3) References, However, Exclude Prior and Present Employers and Relatives

Name And Occupation	Address	Phone Number

Education (Please Print)

High School	Location	Year Graduated
College or University	Location	
Major:	Degree / Major	Year Graduated
Graduate or Professional School	Location	
Major:	Degree / Major	Year Graduated
Check All That Apply <input type="checkbox"/> ACLS <input type="checkbox"/> PHTLS <input type="checkbox"/> PPC <input type="checkbox"/> CPR <input type="checkbox"/> BTLS <input type="checkbox"/> NALS <input type="checkbox"/> PALS <input type="checkbox"/> ABL <input type="checkbox"/> HAZMAT <input type="checkbox"/> EVAC		
List any other Certifications		

Employment Record (Please Print)

List Below All Present and Past Employment, Beginning With Your Most recent

Business Name		Supervisor		Telephone	
Address		City	State	Zip	
Last job Title		Work Performed			
Dates Of Employment		Start Salary		End Salary	
From	To	\$	per	\$	per
Reason For Leaving		Were You Terminated		May We Contact This Employer?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List Below All Present and Past Employment, Beginning With Your Most recent

Business Name		Supervisor		Telephone	
Address		City	State	Zip	
Last job Title		Work Performed			
Dates Of Employment		Start Salary		End Salary	
From	To	\$	per	\$	per
Reason For Leaving		Were You Terminated		May We Contact This Employer?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Dates Of Employment		Start Salary		End Salary	
From	To	\$	per	\$	per
Reason For Leaving		Were You Terminated		May We Contact This Employer?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment History

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance: Yes No

If Yes, Give Details: _____

Have you ever been investigated by the Texas Department of State Health Service? Yes No

If Yes, Give Details: _____

Criminal History (Please Print)

Have you ever been convicted of a crime? Yes No

If yes, give details: _____

Military History (Please Print)

Have you ever served in the Armed Forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty _____

Date Entered _____

Discharge Date _____

Medical History (Please Print)

Working on any ambulance requires lifting, bending, pulling, pushing and being in uncomfortable positions. If you are unable to perform these tasks without hurting, please answer the following

Are you allergic to latex gloves? Yes No

Have you ever been injured while working? Yes No If yes, When? _____

Have you ever been on Workmen's Comp? Yes No If yes, When? _____

Have you had the Hepatitis vaccine series? Yes No

Please list all medical conditions that you have. _____

Please list any medications which you are required to take regularly _____

Driving Record (Please Print)

Do you have a driver's license? Yes No State? _____ Expiration Date _____

What is your means of transportation to work? _____

Drivers License Number _____ Operator Commercial Chauffeur

Have you had any accidents during the past three (3) years? Yes No How Many? _____

Have you had any moving violations in the past three (3) years? Yes No How Many? _____

Have you ever had a DUI/DWI? Yes No If yes, when did you get it _____

Are you required to wear glasses when driving? Yes No

NOTE: All applicant's driving records are verified with the Texas Department of Public Safety

Emergency Contact (Please Print)

Name	Last	First	Middle	Cell Number
Address				Pager Number
City	State	Zip Code	Other Number	

In exchange for the consideration of my job application by Preferred Medical Transport, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the employee handbook, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Preferred Medical Transport, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Manager of Preferred Medical Transport. Both the undersigned and Preferred Medical Transport may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Preferred Medical Transport may unilaterally change or revise their benefits, policies and procedures and any such changes may result in a reduction of benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give my consent to Preferred Medical Transport to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Preferred Medical Transport from any liability as a result of such contact.

I also understand that (1) Preferred Medical Transport has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to compliance with such a policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, Preferred Medical Transport may request from a consumer reporting agency an investigative consumer report including information as to my credit record, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Preferred Medical Transport, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that my employment with Preferred Medical Transport is probationary for a period of ninety (90) days, and further that at any time during the probation period or thereafter, my employment relationship with Preferred Medical Transport is terminable at will for any reason by either party.

I understand that Preferred Medical Transport does not subscribe to Workmen's Compensation. I understand that if a physician places me on light duty, Preferred Medical Transport will not be required to provide light duty to me.

I understand that Preferred Medical Transport will not tolerate sexual or any other form of unlawful harassment. I understand that I have the affirmative obligation to report it. I also understand that unlawful harassment is grounds for disciplinary action up to and including immediate termination.

Please print your name:

Signature of Applicant

Date

Preferred Medical Transport is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Preferred Medical Transport depends solely on your qualifications.