

AMERICAN PATIENT TRANSPORT SYSTEMS INC

Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date			
Street Address							Apartment/Unit #				
City				State			ZIP				
Social Security No				Phone Number							
Position Applied for							Desired Salary				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever applied or worked for APTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Is there any reason that you could not adequately perform the essential duties of the job for which you applied?								YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EDUCATION

High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES

Please list three professional references.

Full Name				Relationship						
Address				Phone						
Full Name				Relationship						
Address				Phone						
Full Name				Relationship						
Address				Phone						

Office Use Only

Interview Date				Interviewer							
Hired	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Salary								
Drug Testing				Physical							
Orientation				Remarks							

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I CERTIFY that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at later date.

I UNDERSTAND that the employer may request an investigative consumer report agency, as well as a check of my criminal record. I understand that should this application or a criminal record check reveal a conviction of a crime, further processing of this application or my employment, if hired, may be terminated.

I understand that I will be required to possess a current and valid drivers license if my job requires me to drive in the course of my work.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I hereby waive any right or claims I have or may have against all current and/or former employers, and their agents, employees and representatives and damages that may directly or indirectly result from use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against APTS and any outside agency utilized by APTS as a result of any information which is obtained in this investigation.

This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to pass APTS's pre-placement testing, which will include a drug and alcohol screen and a physical. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to the work for which I am applying.

I UNDERSTAND that, if hired, and voluntarily terminate my employment within the probationary period will be financially responsible for the cost of the drug and alcohol screening and the physical.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT THE OPTION OF THE COMPANY OR MYSELF.

Signature	Date
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