



APPLICATION FOR EMPLOYMENT

APPLICANT NOTE: This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements on documents related to U.S. employment eligibility. All qualified applicants will receive consideration without discrimination because of gender, marital status, race, age, creed, national origin or the presence of non-job related disabilities, and such information may be omitted from this form. Additional testing of job-related skills, mental, physical abilities, physical condition, and for the presence of drugs in your body will be required prior to and during employment.

INTERVIEW DATE:	
INTERVIEW TIME:	
START DATE:	
EMPLOYEE #:	
F/T OR P/T:	
DEPT:	
POSITION:	
RATE OF PAY:	
MVR:	
BACKGROUND:	
DRIVER INSURANCE:	
EMT/PMD license:	
PE & COV:	
EXAM/ DRUG SCREEN:	

DATE:	POSITION APPLYING FOR:	<input type="checkbox"/> FULL <input type="checkbox"/> PART
FIRST NAME:	LAST NAME:	MI:

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE: ☐ YES ☐ NO

IF YES, WHEN: _____

DO YOU HAVE A RELATIVE THAT IS CURRENTLY EMPLOYED BY MEDFLEET: ☐ YES ☐ NO

IF YES, WHO: _____

CURRENT ADDRESS:	CITY/TOWN:	ST:	ZIP:
HOME PHONE:	CELL PHONE:		
EMAIL ADDRESS:	AVAILABILITY: <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKEND DAYS <input type="checkbox"/> WEEKEND NIGHTS		
VALID FLORIDA DRIVERS LICENSE? <input type="radio"/> YES <input type="radio"/> NO	DRIVERS LICENSE NUMBER:		STATE:
OVER 18?: <input type="radio"/> YES <input type="radio"/> NO	Date Of Birth; Month/Day:	DRIVERS LICENSE ISSUE DATE:	EXPIRATION DATE:

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PLEASE INDICATE WHICH CERTIFICATIONS YOU HAVE (PLEASE MAKE AVAILABLE FOR COPIES, ALONG WITH DRIVERS LICENSE)			
<input type="checkbox"/> STATE OF FLORIDA EMT LIC # _____	<input type="checkbox"/> PARAMEDIC LIC # _____	<input type="checkbox"/> CPR EXP DATE _____	
<input type="checkbox"/> EVOC DATE TAKEN _____		<input type="checkbox"/> FIRST AID EXP DATE _____	
<input type="checkbox"/> ACLS EXP DATE _____		<input type="checkbox"/> FIRST RESPONDER DATE TAKEN _____	

EDUCATION:

NAME

CITY/STATE

GRADUATE?

HIGHSCHOOL:		
COLLEGE / TRADE:		
OTHER:		

EXPERIENCE:

Please put the most recent employer first.

MOST RECENT EMPLOYER		MOST RECENT EMPLOYER		MOST RECENT EMPLOYER	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE NUMBER		CONTACT OK?		PHONE NUMBER	
SUPERVISOR	RATE OF PAY	SUPERVISOR	RATE OF PAY	SUPERVISOR	RATE OF PAY
START DATE	END DATE	START DATE	END DATE	START DATE	END DATE
POSITION/DUTIES		POSITION/DUTIES		POSITION/DUTIES	
REASON FOR LEAVING		REASON FOR LEAVING		REASON FOR LEAVING	

OTHER:

list any States and Counties of residence for the past seven years

1.	3.	5.
2.	4.	6.

☐ YES ☐ NO Are you eligible to work in the U.S.?

☐ YES ☐ NO Have you used any names or Social Security numbers other than those on page one?

If so, please list

☐ YES ☐ NO Have you ever been convicted of a felony or misdemeanor in the past seven years? (A conviction does not necessarily disqualify applicant from employment.) If so, please describe below:

INCIDENT

CITY/STATE

CHARGE

Do you have any points on your drivers license currently? If so, how many? _____ What are the points for?

1.	3.	5.
2.	4.	6.

PHYSICAL REQUIREMENTS:

Are you able to perform the duties of the job you are applying for? (i.e. field personnel must be able to lift without restrictions)
If no, please explain: _____

PROFESSIONAL REFERENCES: Do NOT include relatives or friends.

NAME	ADDRESS/PHONE	YRS KNOWN	RELATIONSHIP

CERTIFICATION AND RELEASE:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

PRINTED NAME

SIGNATURE

DATE SIGNED