



AMERICA'S FINEST MEDICAL TRANSPORTATION

3560 W. SAN JOSE AVE #214, FRESNO, CA 93711

PHONE: 559-408-1221 FAX: 559-276-3226

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, creed, sex, age, marital status, sexual orientation, citizenship status, veteran status or disability.

It is our intention that all qualified applicants be given equal opportunity and that Selection decisions will be based on job related factors.

The application will not be considered until all questions have been answered fully and accurately.

POSITION	Job Applied For _____ Salary Desired _____
	Are You Seeking <input type="checkbox"/> Full – Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Employment?
	When Could You Start Work? _____

PERSONAL INFORMATION	<hr/>
	Last Name _____ First Name _____ Middle Name _____ Social Security Number _____
	<hr/>
	Present Street Address _____ City _____ State _____ Zip Code _____
	Home Phone _____ Business Phone _____ <input type="checkbox"/> Call <input type="checkbox"/> Don't Call
	Are you 18 years of age or older? (if you are hired, you may be required to submit proof of age) <input type="checkbox"/> Yes <input type="checkbox"/> No
	If hired, can you furnish proof; you are eligible to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When? _____
	Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When? _____
	Have You ever been convicted of any law violation (except a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details: _____ _____ _____
	(A "YES" answer does not automatically disqualify you from employment, since the nature of the offense, Date and the job for which you are applying will be considered.)
Are you now or do you expect to be engaged in any other business or employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____ _____ _____	

REFERRAL: (PLEASE INDICATE SOURCE OF REFERRAL)

<input type="checkbox"/> Personal Initiative	<input type="checkbox"/> National Publication: _____	<input type="checkbox"/> Another Company _____
<input type="checkbox"/> Internet	<input type="checkbox"/> Local Newspaper _____	<input type="checkbox"/> Employee _____
<input type="checkbox"/> Recruiter	<input type="checkbox"/> Employment Agency _____	<input type="checkbox"/> Other _____

WORK HISTORY

Last names of employers in consecutive order with present or last employer listed first. Account for all periods of times, including military service and any period of unemployment. If self – employed, give firm name and supply business references. Former supervisors may be called as references unless otherwise specified by you. PLEASE GIVE MONTH AND YEAR.

1.

Name of employer: _____	Supervisor: _____
Address: _____	Employed: _____
City, State, Zip Code: _____	From (mo/yr): _____
Telephone: _____	Pay: Start \$: _____ End: _____
Title: _____	Reason for leaving: _____
_____	Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No

2.

Name of employer: _____	Supervisor: _____
Address: _____	Employed: _____
City, State, Zip Code: _____	From (mo/yr): _____
Telephone: _____	Pay: Start \$: _____ End: _____
Title: _____	Reason for leaving: _____
_____	Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No

3.

Name of employer: _____	Supervisor: _____
Address: _____	Employed: _____
City, State, Zip Code: _____	From (mo/yr): _____
Telephone: _____	Pay: Start \$: _____ End: _____
Title: _____	Reason for leaving: _____
_____	Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Have you ever worked or attended school under any other names? Yes No

If yes, give names: _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, Please explain: _____

Give at least three references who are familiar with your abilities and work:

Name	Address	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

Initial

- I certify that all information provided in this employment is true and complete. I understand that false information or omission may disqualify me from further consideration from employment and may justify my dismissal if discovered at a later date.

- I understand that America's Finest Medical Transportation may request an investigation background check after an employment offer is made. This report may include information as to my character, reputation, personal characteristics, former employers, schools, and others. I understand I have a right to revoke a written request within a reasonable time for the disclosure of the name and address of the reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

- I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers and organizations named in this application to provide relevant information and opinion that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements.

- I understand that if I am extended an offer of employment it may be conditional upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

- I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and post-employment drug screening.

- I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OR EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF AMERICA'S FINEST MEDICAL TRANSPORTATION AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

- I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Interview by/Title: _____

Date of interview: _____

Date of hire: _____

Days hired for: _____

Hours hired for: _____

Approved by: _____

Name/ Title

Date of Approval

FAX: 559-276-3226

EMAIL: afmedtrans@yahoo.com