



SPIRIT MEDICAL TRANSPORT LLC.

5484 Ohio Route 49 South, Greenville, Ohio 45331

Employment Application

Applicant Information			
First Name:	Middle Name	Last Name	Date:
Address:			Home Phone Number:
City, State, Zip Code			Cell Phone Number:
Position of Interest:	Last 4 of SSN:	Available Start Date:	Desired Pay:
Email Address:			

Are you seeking full-time or part-time employment? _____

Have you ever applied with us before? If so, when? _____

Have you ever worked for Sprit Medical Transport, LLC? If so, when? _____

Work History			
From:	To:	Position:	Supervisor:
Business Name		May we contact? Yes No	Phone Number:
Address, City, State, Zip Code:		Salary:	Reason for leaving:
From:	To:	Position:	Supervisor:
Business Name		May we contact? Yes No	Phone Number:
Address, City, State, Zip Code:		Salary:	Reason for leaving:
From:	To:	Position:	Supervisor:
Business Name		May we contact? Yes No	Phone Number:
Address, City, State, Zip Code:		Salary:	Reason for leaving:
From:	To:	Position:	Supervisor:
Business Name		May we contact? Yes No	Phone Number:
Address, City, State, Zip Code:		Salary:	Reason for leaving:

Professional References

Please list four (4) professional references.

Full Name:	Relationship:
Company:	Phone ()
Address, City, State, Zip Code:	Years Acquainted:
Full Name:	Relationship:
Company:	Phone ()
Address, City, State, Zip Code:	Years Acquainted:
Full Name:	Relationship:
Company:	Phone ()
Address, City, State, Zip Code:	Years Acquainted:
Full Name:	Relationship:
Company:	Phone ()
Address, City, State, Zip Code:	Years Acquainted:

Please read carefully before signing.

Spirit Medical Transport, LLC, is an equal opportunity employer. Spirit Medical Transport, LLC, does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, or military status and/or any other protected class as may be legally established.

I understand that neither the completion of this application nor any other part of my consideration for employment establisher any obligation for Spirit Medical Transport, LLC to hire me. If I am hire, I understand that either Spirit Medical Transport, LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Spirit Medical Transport, LLC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Spirit Medical Transport, LLC true and complete information on this application. No requested information has been concealed, I authorize Spirit Medical Transport, LLC to contact references for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____ Date: _____

How did you hear about this position? _____

AUTHORIZATION TO DO BACKGROUND CHECK FOR RELEASE OF CONFIDENTIAL INFORMATION
AND WAIVER OF PRIVACY RIGHTS

Please read the following before signing:

I, _____ hereby authorize **Spirit Medical transport, LLC**
(Name of employee or prospective employee)
and its agents or employees to conduct a background check on me and authorize the release of pertinent information concerning me from any source, including, but not limited to, past employers.

The undersigned applicant, in granting this application, hereby specifically waives any right to personal privacy he or she might have in the above information and **RELEASES Spirit Medical Transport, LLC**
And any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information.

NOTE: Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, and personal characteristics. **ROUTINE INQUIRIES MAY INCLUDE PERSONAL INTERVIEWS WITH FRIENDS, REFERENCES AND PAST EMPLOYERS.** Upon written request, additional information as to the nature and scope of a resulting report, if one is made will be provided.

My signature below certifies that my responses on the application for employment are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures which may include:

1. Interview
2. Pre-employment physical, including drug & alcohol testing
3. Proof of identity and employment eligibility for work in the U.S.
4. Education and reference checking
5. Testing (if applicable to the position for which you are applying)
6. Criminal and motor vehicle record check
7. Investigative consumer report
8. Health Care/Patient Care reporting, including but not limited to the Ohio Dept. of Health and the Ohio Dept. of Developmental Disabilities Online Abuser Registry.

In addition, I understand that any offer of employment will be contingent upon the results of a physical examination by authorized medical personnel of or for Spirit Medical Transport, LLC.

Compliance with Spirit Medical Transport, LLC's Drug Testing Policy is a Condition of employment. Therefore, all job offers are made with the understanding that prospective employees must pass a drug screening test prior to being hired, and may be required to submit to future testing.

I understand and agree that any falsification or omission, either on this form or in response to questions asked during my interview or examination process or on employment forms I subsequently complete, including I-9 forms, shall be grounds for immediate termination, no matter when the falsification or omission is discovered.

Print Full Name:	Social Security Number:
Signature:	Date: