



# SPIRIT

## MEDICAL TRANSPORT LLC.

### Scholarship Application Packet

#### Applicant Information

Name:	Date:
Address:	Home Phone Number:
City, State, Zip Code:	Cell Phone Number:
Email Address:	

How did you hear about the Spirit Medical Transport, LLC, scholarship program? \_\_\_\_\_

Who do you know that works here? \_\_\_\_\_

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

Have you ever worked for Spirit Medical Transport? If so, when? \_\_\_\_\_

#### WORK HISTORY

From:	To:	Position:	Supervisor:
Business Name:		May we contact? Yes No	Phone Number:
Address:		Salary:	Reason for leaving:
From:	To:	Position:	Supervisor:
Business Name:		May we contact? Yes No	Phone Number:
Address:		Salary:	Reason for leaving:
From:	To:	Position:	Supervisor:
Business Name:		May we contact? Yes No	Phone Number:
Address:		Salary:	Reason for leaving:
From:	To:	Position:	Supervisor:
Business Name:		May we contact? Yes No	Phone Number:
Address:		Salary:	Reason for leaving:



**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.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Spirit Medical Transport, LLC, to hire me. If I am hired, 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 provided 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 \_\_\_\_\_

Before submitting your application, please use the following check list to make sure you have all required documents;

- Scholarship Application
- Personal Letter of Interest - "Why I want to become an EMT" 500 words or less
- Letter of Recommendation - Professional Contact (i.e. supervisor, co-worker, client, customer)
- Letter of Recommendation - Personal Contact (i.e. friend or family member)
- Letter of Recommendation - Educational Contact (i.e. teacher, trainer, mentor)
- Background Check Authorization/Waiver of Privacy

**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. Interviews
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: