

# Secure Medical Transport

Employment Application



**Non-Discrimination Policy:** Secure Medical Transport (SMT) is committed to the principle of equal opportunity in employment. SMT does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, veteran status, disability, or any other status protected by law.

**Accommodation:** If you require assistance at any stage of the application process, please notify the person who gave you this form or SMT's Human Resources department. SMT provides reasonable accommodations to qualified individuals with known disabilities to enable application for employment with SMT. That commitment continues in employment to allow employees to 1) perform the essential functions of their jobs and 2) enjoy the other terms, conditions, and privileges of employment.

## APPLICANT INFORMATION

Last Name:		First:		M.I.:	Suffix (Jr/Sr.):
Street Address:				Apartment/Unit #:	
City:		State:		ZIP:	
Phone:		E-mail Address:			
Position Applied for:					
Date Available:		Desired Pay: \$		Per Year: <input type="checkbox"/> Per Hour: <input type="checkbox"/>	
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 worked for SMT or any of its affiliates?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when? (Include Month/Year) to	
Have you been <u>convicted</u> of a <u>felony</u> involving violence (or the threat of violence), substance abuse or theft?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain:	
<p><b>Note:</b> For purposes of this question, a felony "conviction" includes pleas of guilty or no contest. However, it does <u>not</u> include an arrest without conviction or a matter that has been expunged, diverted, dismissed/discharged, sealed by court order, or otherwise removed from your record. If any of those circumstances apply, then you should answer "No." Answering "Yes" is not an automatic disqualification from employment. All applicants are evaluated on an individualized basis.</p>					
Do you understand the essential functions of the job for which you are applying, and the requirements and personal capabilities necessary to fully accomplish them?				YES <input type="checkbox"/> NO <input type="checkbox"/>	

## EDUCATION

High School:		Address:			
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Special focus if any:			
College:		Address:			
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree and Major:			
Other:		Address:			
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree and Major or Cert:			
Other helpful clarifying information about education, training, or certifications:					

## REFERENCES (NON-RELATIVES ONLY)

Full Name:		Relationship:			
Company:		Phone: ( )			
Address:		Email:			
Full Name:		Relationship:			
Company:		Phone: ( )			
Address:		Email:			
Full Name:		Relationship:			
Company:		Phone: ( )			
Address:		Email:			

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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 the facts set forth above are true and complete to the best of my knowledge, and authorize SMT to verify their accuracy and to obtain reference information on my work performance. I hereby release SMT from any and all liability which could result from obtaining and making an employment decision based on such information. I understand that if employed, falsified statements of any kind, or omissions of facts on this application, shall be considered sufficient basis for application rejection or employment termination.

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of SMT. I further understand that nothing said or done during the interview process shall be deemed to constitute the terms of an employment contract. I understand that any employment offered is for an indefinite duration, is considered "at will," and that either I or SMT may terminate my employment at any time with or without notice or cause.

**Signature:**

**Last 4 of SSN:**

**Date:**

(If completing application via computer, keying your name and last 4 digits of your SSN above indicates that you have signed electronically)

~~ Don't forget to save and return this document ~~