

Hunter's Limousines LTD

Application for Employment

EQUAL EMPLOYMENT OPPORTUNITY

The Company will not, except in the case of a bona fide occupational qualification or need or except otherwise permitted or required by law, discriminate on the basis of race, color, religious creed, age, sex, marital status, sexual orientation, national origin, ancestry, present or past history of mental disorder, mental retardation, learning disability or physical disability with respect to hiring, compensation, promotion, discharge from employment or other terms and conditions of employment.

GENERAL INFORMATION

Please answer all questions and print legibly.

Today's Date: _____

NAME _____
First Middle Last

ADDRESS _____
Street City State Zip

(if less than three years at current address)

PREVIOUS ADDRESS _____
Street City State Zip

SOCIAL SECURITY # _____ - _____ - _____ **TELEPHONE #** _____

DRIVER'S LICENSE NUMBER# _____ **CLASS:** _____ **EXP. DATE:** _____

PUBLIC SERVICE LICENSE: YES ___ NO ___ **ENDORSEMENTS** _____ **RESTRICTIONS** _____

COMMERCIAL DRIVERS LICENSE (CDL): YES ___ NO ___

Names of friends or relatives employed by this company:

POSITION APPLIED FOR: ___ PUBLIC SERVICE DRIVER ___ BUS (CDL) DRIVER ___ SCHOOL AIDE
___ OFFICE/CLERICAL ___ TELECOMMUNICATOR ___ EMT-B/IV/MEDIC ___ EXEC. COACH OPERATOR
CIRCLE ONE
___ OTHER: _____

CHECK ONE: Full-time _____ Part-time _____ **Salary Requirements** _____

DATE AVAILABLE TO WORK: _____ **HOW WERE YOU REFERRED TO US** _____

EMP # _____ **File #** _____ **D.O.H.** _____ **Dept.** _____ **PT** ___ **FT** ___

CERTIFICATIONS AND SPECIAL SKILLS Please list any certifications/licenses and special skills or credentials that you currently possess that pertain to the position applied for.

Licenses/Certifications Type	License/Certification Number	Expiration Date mm/dd/yy	State of Certification/License
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Skills (computer software, data processing, equipment, etc.)

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES _____ NO _____

If you are hired you will be required, within three days, to show proof of identity and authorization for employment in the United States. You will also be required to sign an I-9 Form verifying, under oath, your employment authorization.

Please list any other names by which you have been known, of which we should be aware, to adequately verify identity, employment history or education history.

Have you been employed here previously? Yes _____ No _____
 Have you ever applied for a position here before? Yes _____ No _____

INTEREST: Use this space to describe your interest in Hunter's Ambulance Service, Inc. and the skills and aptitudes that you feel qualify you for a position at the Company. If you need more space, please continue on a separate sheet.

In case of emergency notify: _____

Name	Relationship	Phone #
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Employment History

Provide the following information regarding your past four (4) employers, assignments, or volunteer activities, starting with the most recent.

(1) From	To	Employer	Telephone
			()
Job Title		Address	
Immediate Supervisor & Title		Summarize The Nature Of Work Performed And Job Responsibilities	
Reason For Leaving		Hourly Rate, Salary	
		Start \$ _____ Per _____ Final \$ _____ Per _____	

Employment History (continued)

(2) From _____ To _____	Employer _____	Telephone _____ ()
Job Title _____	Address _____	
Immediate Supervisor & Title _____	Summarize The Nature Of Work Performed And Job Responsibilities _____	
Reason For Leaving _____	Hourly Rate, Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

3) From _____ To _____	Employer _____	Telephone _____ ()
Job Title _____	Address _____	
Immediate Supervisor & Title _____	Summarize The Nature Of Work Performed And Job Responsibilities _____	
Reason For Leaving _____	Hourly Rate, Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

(4) From _____ To _____	Employer _____	Telephone _____ ()
Job Title _____	Address _____	
Immediate Supervisor & Title _____	Summarize The Nature Of Work Performed And Job Responsibilities _____	
Reason For Leaving _____	Hourly Rate, Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

If you **do not** want us to contact above employer(s), please indicate by number. _____

EDUCATION

High School _____ Address _____

Major course/subject _____ circle last year completed 9 10 11 12 Diploma Yes ___ No ___

College _____
Address _____

Major course/subject _____ circle last year completed 1 2 3 4 Degree _____

Graduate School _____

Address _____

Major course/subject _____ circle last year completed 1 2 3 4 Degree _____

Business or Technical School _____

Address _____

Major course/subject _____ circle last year completed 1 2 3 4 Degree _____

Other _____

If you did not graduate, why did you leave school or college?

Are you planning to pursue further studies?

Yes _____ No _____ If so, day school _____ Night school _____

What course of study?

CRIMINAL RECORD

Have you ever been convicted of a felony? YES _____ NO _____

If yes, please explain:

I understand that a conviction will not necessarily result in the rejection of my application, but that the Company shall consider the nature of the conviction as it relates to the job duties in question and in light of the requirements of state and federal law.

REFERENCES

Please list name, address and daytime phone number. Do not include relatives or former supervisors.

(1) _____

(2) _____

(3) _____

(4) _____

ACKNOWLEDGMENT (PLEASE READ BEFORE SIGNING)

If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

It is my understanding that the Company will make a thorough investigation, which will include a verification of my entire work history, and the verification of all data given in this application. I authorize such an investigation and the giving and receiving of any information by the Company. I am aware that I have a right to make a written request as to the nature and scope of this investigation. I release from liability any person giving or receiving any such information.

In the event of my employment by Hunter's Ambulance Service, Inc., I will comply with all rules and regulations as set forth in the Company's Employee Handbook or the communication distributed by the Company to all employees. I understand that if I am hired, my employment with the Company will be at will and may be terminated by the Company or me at any time for any reason or for no reason. I understand that no documents or statements of the Company will constitute a contract of employment that in any way limits the Company's rights to terminate my employment at will. I further understand that the at will nature of my employment cannot be changed except by a formal written contract signed by the Vice Presidents or President of the Company.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. Without limiting the at will status of my employment if I am hired, I understand that if any of the statements on this application are untrue my employment may be terminated immediately.

I authorize all the educators and employers listed in this application to furnish the Company with information regarding my education, employment history, or any other matter related to my application for employment with the Company.

I understand that this is an application for employment and that no employment contract is being offered. I further understand that if employed, such employment is for no definite period of time and the Company can change wages, benefits, and conditions of employment at any time.

I have read and understand the above:

Signature _____
Date

FOR OFFICE USE ONLY

Interview Dates: (1) _____ (2) _____ By: 1) _____ (2) _____

____ Hired ____ New Hire ____ Re-Hire ____ Not Hired Date of Notification _____

Emp. # _____ Start Date: _____ Status: **PT FT Transfer**

Hours/week _____

Intro. Wage: _____ Regular Wage: _____ Exempt _____ NonExempt _____

Misc: _____

Prepared By: _____

Date: _____

Hunter's Ambulance Service, Inc.

Application Instructions

Thank you for submitting an application for employment with Hunter's Ambulance Service, Inc. Please take a few moments to read our company history, along with the summaries of the positions we offer. Although we cannot guarantee any one position is available, we are happy to accept applications, which we will keep on file for a minimum of six (6) months.

In order to expedite the application process, it is important to fill out the form with as much information as possible. Be sure to sign the back of the application before submitting it for consideration. Failure to sign the application can delay the process significantly.

Enclosed in the application are two forms: a memorandum regarding our urinalysis drug test requirements and an EEO sheet. Please take a few moments to read both and complete accordingly.

Lastly, we ask that you provide us with the hours you are available for employment with Hunter's Ambulance Service, Inc. Providing this information will help us to make the best possible recommendation for placement in our organization. Understand that an offer of employment will be made based upon the information given below. Should this information change prior to date of hire, Hunter's Ambulance reserves the right to rescind the offer of employment.

Human Resource Department

Following is my current availability for work assignments:
(Use the shift hours as a guide for determining your availability)

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Nights 11PM- 800A							
Days 530A- 9PM							
Evenings 2PM- 12AM							

Note: Full time applicants (EMS only) need to provide more than a five(5) shift availability.

Part time applicants: please indicate the maximum number of shifts you would like to work each week, based on your availability. _____

Applicant Signature

Date

Upon Hire:

Please confirm with your signature that the above stated still holds true for your employment with Hunter's Ambulance.

Employee Signature

Date

IMPORTANT INFORMATION FOR ALL EMPLOYMENT APPLICANTS

To enable Hunter's to meet government reporting regulations and to maintain an Affirmative Action Plan; employment applicants are requested to complete this personal data sheet.

THE INFORMATION YOU PROVIDE WILL BE USED FOR GOVERNMENT REPORTING PURPOSES AND WILL BE DETACHED AND KEPT SEPARATE FROM YOUR JOB APPLICATION. This information will not be used as selection criteria and will be treated as personal and confidential. Your decision or refusal to provide the requested information will not subject you to any adverse treatment. Your voluntary cooperation will be appreciated.

NAME: _____
Last First Initial

DATE: _____ MALE: _____ FEMALE: _____

If any of these definitions apply to you, please check the appropriate box to be considered under our Affirmative Action Plan:

ETHNIC CATEGORY (Choose one):

- _____ White _____ Native American Indian or Alaskan Native
_____ Black _____ Hispanic
_____ Asian or Pacific Islander _____ Other _____

DISABLED APPLICANT (check those that apply):

_____ I AM A QUALIFIED APPLICANT WITH A DISABILITY who 1) has a physical or mental impairment which substantially limits one or more major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment, and 4) is capable (qualified) of performing a particular job with reasonable accommodation to my disability.

VETERAN APPLICANT – Pursuant to the regulations promulgated under Section 2012 of Title 38 U.S.C., we are requesting the following information so that we may monitor statistics and submit a statistical report to the U.S. Government.

_____ I AM A "SPECIAL DISABLED VETERAN" I qualify as a "Special Disabled Veteran" because I am a veteran who is entitled to compensation (or who, but for receipt of military retirement pay, would be entitled to compensation) under laws administered by the Veterans Administration for a disability:

- _____ 1) Which is rated at 30 percent or more, or _____ 2) Which is rated at 10 or 20 percent, but it has been determined, under Section 1506 of Title 38, U.S.C., that I have a "serious employment handicap" or _____ 3) Which is service connected and caused me to be released from active duty.

VIETNAM ERA VETERAN APPLICANT:

_____ I qualify as a veteran of the Vietnam Era because I am a person who served more that 180 days of active military, naval, or air service, any part of which was during the period of August 5, 1964 through May 7, 1975 and who was:

- _____ 1) Discharged or released therefrom with other than a dishonorable discharge or _____ 2) Discharged or released from active duty because of service connected disability.

MEMORANDUM

TO: ALL PROSPECTIVE APPLICANTS FOR EMPLOYMENT AT HUNTER'S
AMBULANCE SERVICE, INC.

FROM: HUMAN RESOURCES DEPARTMENT

All applicants for employment at all divisions of Hunter's Ambulance Service, Inc., are hereby advised that our employment policy requires all employment applicants, as part of their pre-employment physical, undergo a urinalysis drug test.

I understand that consuming large amounts of water prior to the urinalysis drug test may result in a "dilute" test. I have been advised **to limit water consumption within a 24-hour period prior to the scheduled test.** I further understand that I may be held responsible for the cost of a second urinalysis drug test if the results of the first test are "dilute" and it is determined that the "dilute" result is not a result of the lab.

I, _____ have read this memorandum and understand it.
Applicant

Applicant's Signature

Date