



Medical Transportation, LLC

PERSONAL	Last Name First Middle			Date
	Street Address			Home Phone ()
	City, State, Zip			Business Phone ()
	Have you ever applied for employment with us? Yes _____ No _____ If yes: Month and Year _____			Social Security No. .
	Position Desired:		Drivers License #:	Pay Expected:
	Are you available for full-time work? Yes _____ No _____ If not, what hours can you work?			If you are under 18, please state your date of birth.
	Are You legally eligible for employment in the United States? Yes _____ No _____			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			
	How did you learn of about We Care Medical Transportation, LLC?			

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College					
	High					
	Professional Development					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATION (Exclude those which may disclose your race, color, or national origin)



EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	() Employed from (mo./yr.) to (mo./yr.)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone
	Address	() Employed from (mo./yr.) to (mo./yr.)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone
	Address	() Employed from (mo./yr.) to (mo./yr.)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Telephone
	Address	() Employed from (mo./yr.) to (mo./yr.)
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving



Medical Transportation, LLC

Have you ever been bonded?
Yes ___ No ___ If Yes, with what employers?

Have you ever been convicted of or pleaded guilty to a crime? Yes ___ No ___ If yes, please explain--(attach a separate sheet, if necessary, or explain on the back of this page.

Do you have a pending criminal charge in any county or state? Yes ___ No ___ If Yes, state circumstances.

PERSONAL REFERENCES (not former employers or relatives)

Give four references who are qualified to speak of your character and experience.

NAME	COMPLETE ADDRESS	PHONE	RELATIONSHIP

S I G N A T U R E	<p>I understand that We Care Medical Transportation, LLC does not discriminate in its employment practices against any person because of sex, race, color, national or ethnic origin, gender, or handicap. I further understand that any offer of employment is conditioned on the proof of legal authority to work in the U.S.</p> <p>I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or significant omission of fact during any phase of the hiring process may prevent me from being hired or if hired may subject me to immediate dismissal.</p> <p>I authorize We Care Medical Transportation, LLC to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews. I authorize the release and giving of any information requested by We Care Medical Transportation, LLC such as employment records, performance reviews, and personal references. I release any person, organization, or company from liability or damage which may result from furnishing the information requested. I further waive the right to ever personally view any references given to We Care Medical Transportation, LLC.</p> <p style="text-align: center;">Date _____ Signature _____</p>
--	---