



**Monroe Medi-Trans, Inc. / Monroe Ambulance**

**Emergency (585) 232-9000**

**Medical Transportation (585) 454-6211 ♦ Admin Fax (585) 454-5182**

**1669 Lyell Avenue ♦ Rochester, New York 14606**

**www.monroeambulance.com**

**AMBULANCE / TRANSPORTATION**

*Quality. Compassion. Integrity.*

**APPLICATION FOR EMPLOYMENT**

Monroe Medi-Trans, Inc. dba Monroe Ambulance is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application and/or interview process, he or she should contact a company representative.

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

DATE AVAILABLE TO START: \_\_\_/\_\_\_/\_\_\_

**APPLICANT INFORMATION**

Last Name		First Name		Middle	
Street Address				Apartment/Unit #	
City		State		ZIP	
Primary Phone		Secondary Phone			
Position Status (Circle)	Full Time	Part Time	Email Address		
Position(s) Applying For:					
[ ]	Administrative/Clerical	[ ]	Billing Specialist	[ ]	Dispatcher
[ ]	EMT- Paramedic	[ ]	Logistics Agent	[ ]	EMT- Basic
[ ]	Medical Transportation Attendant	[ ]	Medical Transportation Driver	[ ]	Mechanic
				[ ]	Other: _____
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been known by a different name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what name?		

Please indicate availability below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

If needed, are you available to work over time?	Yes	No
Do you have reliable transportation to and from work?	Yes	No
Are you willing to travel if the job requires it?	Yes	No
Do you have a valid New York State Driver's License?	Yes	No

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Are you able to perform the essential functions of the job, for which you are applying, such as lifting, either with or without reasonable accommodation? Yes No

*(Note: Monroe complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

### EDUCATION

High School			Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Awards
College			Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Awards
Other			Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	Awards

### EMS CERTIFICATIONS

Certification	Certification Number	Expiration Date	Certifying Agency
EMT-Basic			
EMT-Paramedic			
PEPP/PALS			
ACLS			
GEMS			
ITLS			
Other: _____			

### MILITARY SERVICE

Branch			From		To	
Rank at Discharge			Type of Discharge			
If other than honorable, explain						

**PREVIOUS EMPLOYMENT**

Have you ever been terminated or discharged from a position, or asked to resign instead of being terminated. If so, please explain:

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"/>	Telephone #:
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"/>	Telephone #:
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"/>	Telephone #:

--	--	--	--	--	--	--

**REFERENCES***Please list three professional references.*

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

**DISCLAIMER AND SIGNATURE**

I certify that I have not withheld any information. I attest to the fact that the answers given by me are true, complete & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that neither this document nor any offer of employment from Monroe Medi-Trans, Inc., dba Monroe Ambulance constitutes an employment contract unless a specific document to that effect is agreed to by the employer and employee in writing. I further understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Signature		Date	
-----------	--	------	--