



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.

Thank you for your interest in employment with Monroe Ambulance/Monroe Medi-Trans.

If your qualifications and availability match our current needs you will be contacted for an interview. If you do not hear from us your application will be kept on file for six months and periodically reviewed as other openings become available.

Please be advised that we require our drivers to be 21 years of age and older. If applying for one of these positions, be sure to check that section of the application.

The attached application can be sent via email by selecting that option. If you prefer, after filling out the application, you can mail it or drop it off in person to: Kathy Douglas, Human Resources Specialist, 1669 Lyell Avenue, Rochester, NY 14606.

We wish you luck in your employment search.

Kathy Douglas
Human Resources Specialist
(585) 327-7620

Eileen Coyle
CEO/President

Thomas C. Coyle
Vice President

Timothy S. Coyle
Vice President

Cheryl A. Fowler
Vice President

OUR MISSION

Monroe is dedicated to medical services, transportation and education. We maintain a commitment to excellence in the delivery of responsible, professional, caring and affordable service.

APPLICATION FOR EMPLOYMENT MONROE AMBULANCE

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend: Name: _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Have you ever filed an application with us before? Yes No
 If yes, give date: _____

Have you ever been employed with us before? Yes No
 If yes, give date: _____

Last Name	First Name	Middle Name	
Address: Number/Street	City	State	Zip Code
Telephone Number(s): _____ _____	Social Security Number _____ - _____ - _____		
Driver's License Number: _____ Class: _____ Endorsements? _____	Over 21 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you legally allowed to work in this country?
(Proof of citizenship or immigration status will be required upon employment.) Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

On what date would you be available for work? _____

Are you currently on lay-off status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify an applicant from employment.) Yes No

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location			
Graduated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree			
Describe any specialized training, or certifications.			
Describe any honors you have received.			

Indicate any foreign languages you can speak, read and/or write.	
SPEAK	
READ	
WRITE	

REFERENCES

<p>Give name, address and telephone number of three references who are not related to you and are not previous employers.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Have you ever had any job-related training in the United States Military? Yes No
 If Yes, please describe: _____

Are you physically or otherwise **unable** to perform the duties of the job for which you are applying?
 Yes No

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude activities which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

Employer		Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Length of Service		
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Length of Service		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Length of Service		
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

I Certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document or any offer of employment from Monroe Medi-Trans, Inc., d/b/a Monroe Ambulance constitutes an employment contract unless a specific document to that effect is agreed to by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Monroe Medi-Trans, Inc., d/b/a Monroe Ambulance.

Signature of Applicant

Date

* NOTE: As a condition of employment you may be subjected to:

- Any type of drug and/or alcohol testing
- Pre-employment or 19-A physical
- Criminal background check
- Motor Vehicle Report

FOR H.R. DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

Interviewer

Date

Employed : Yes No

Date of Employment: _____

Job Title: _____ Hourly Rate/
Salary _____ Department _____

By: _____

Name and Title

Date