



## Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.



Submit completed application:

email: [info@PrestigePatientTransport.com](mailto:info@PrestigePatientTransport.com)

fax: 888-273-7025

mail: Prestige Patient Transport LLC  
602 E State St  
Georgetown, OH 45121

Date of Application	
Position Applying For	
Full Time or Part Time	
Date Available for Work	

**Personal Information**

Name	
Street Address	
City, State Zip	
Email Address	
Cell Phone Number	
Social Security Number	
Date of Birth	

Are you interested in working overtime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to work evenings or nights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to work weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Driver's License**

State		Expiration Date	
Number		Endorsements	

Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle accidents or moving violations in the past 3 years, if any?		

**List dates and descriptions of any vehicle accidents, moving violation, citations or suspensions in the last 3 years.**

____/____/____	
____/____/____	
____/____/____	
____/____/____	

Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If you are an immigrant or in the U.S. on a Visa, can you provide required proof of our eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**References**

Name	Telephone	Relationship	Years Known

**EMS Certification**

Certification Level	Certification Number	Year Completed	Expiration Date

Describe any specialized training or qualifications.

**Education**

Level	Name of School	Location of School	Years Completed	Degree / Diploma
High School				
College				
Other				
Other				

**Employment History**

Dates	from ____/____/____ to ____/____/____
Employer Name	
Address	
Job Title	
Supervisor	
Telephone Number	
Hourly Rate or Salary	
Work Performed	
Reason for Leaving	
May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Employment Application



Dates	from ____/____/____ to ____/____/____
Employer Name	
Address	
Job Title	
Supervisor	
Telephone Number	
Hourly Rate or Salary	
Work Performed	
Reason for Leaving	
May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates	from ____/____/____ to ____/____/____
Employer Name	
Address	
Job Title	
Supervisor	
Telephone Number	
Hourly Rate or Salary	
Work Performed	
Reason for Leaving	
May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Applicant's Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

I understand that a physical examination and a chemical test for the presence of illegal and controlled substances, as well as a background check, may be required before the commencement of and/or during my employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant