

Personal Information

Date	Full Name – First Middle Last	SSN
Address	City	State Zip
Home	Cell	Pager
Other	Best time to be reached	

Referral Source

☐ Walk In
 ☐ Advertisement
 ☐ Relative
 ☐ Agency
 ☐ Employee
 ☐ Other

If referred by a current employee, please state name and area or if referred by an agency, please state agency name:

Position Desired

Position ☐ Full Time ☐ Part Time

Some positions might require working overtime, weekends, evenings, or holidays. Is this acceptable? ☐ Yes ☐ No

Do you have a valid state driver's license? ☐ Yes ☐ No

DL#	State	Class	Expire
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Applicants must be at least 21 years old and be insurable by our insurance carrier to be considered for field positions.

Minimum pay acceptable per ☐ Hour ☐ Month ☐ Year Date Available:

Eligibility History

Are you eligible to work in the united states? ☐ Yes ☐ No

Are you at least 21 or older? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain.

Are you currently on probation? ☐ Yes ☐ No

If yes please explain.

Have you ever been employed by MetroCare? ☐ Yes ☐ No

Please list any relatives in our employ and relationship.

TDSHS	<input type="checkbox"/> EMT <input type="checkbox"/> EMTI <input type="checkbox"/> EMTP <input type="checkbox"/> LP			<input type="checkbox"/> CPR		<input type="checkbox"/> PALS	
NR	<input type="checkbox"/> EMT <input type="checkbox"/> EMTI <input type="checkbox"/> EMTP			<input type="checkbox"/> ACLS		<input type="checkbox"/> PEPP	
				<input type="checkbox"/> AMLS		<input type="checkbox"/>	
				<input type="checkbox"/> BTLS		<input type="checkbox"/>	
				<input type="checkbox"/> PHTLS		<input type="checkbox"/>	

Employment Record

Company Name Supervisor Name Phone

Street Address City State Zip

Job Title Work Performed Reason for Leaving

Date of Employment Salary Start Salary End
From To ☐ HR ☐ WK ☐ MO ☐ YR

May we contact your present employer? ☐ Yes ☐ No

Company Name Supervisor Name Phone

Street Address City State Zip

Job Title Work Performed Reason for Leaving

Date of Employment Salary Start Salary End
From To ☐ HR ☐ WK ☐ MO ☐ YR

May we contact your former employer? ☐ Yes ☐ No

Company Name Supervisor Name Phone

Street Address City State Zip

Job Title Work Performed Reason for Leaving

Date of Employment Salary Start Salary End
From To ☐ HR ☐ WK ☐ MO ☐ YR

May we contact your former employer? ☐ Yes ☐ No

Education – High School

School Name School Location

Last Year Completed: ☐ 9 ☐ 10 ☐ 11 ☐ 12 Graduated: ☐ Yes ☐ No

Education – College or University

School Name School Location

Last Year Completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Graduated: ☐ Yes ☐ No
Degree/Major:

Education – Graduate School

School Name: School Location

Graduated: ☐ Yes ☐ No Degree/Major

Professional Courses, ETC.

Professional Courses:

Special Skills, trade, specialized training, apprenticeship, extracurricular activities:

EEOC Tracking -- Race/Ethnicity

To better evaluate the effects of our selection process and to enable us to meet government reporting requirements, applicants for positions at MetroCare are asked to complete this information. Your cooperation is voluntary and will be appreciated. Refusal to provide this data will not subject you to any adverse treatment. Any information you do provide will be treated as confidential personnel information and will only be used in accordance with applicable federal laws and regulations.

- ☐ Asian/Pacific Islander Persons having origins in the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea and Samoa.
- ☐ Black Persons having origins in the black racial groups of Africa as well as Jamaica, Trinidad, or the West Indies.
- ☐ Hispanic Persons having origins in Mexico, Puerto Rico, Cuba, Central/South America, or other Spanish cultures.
- ☐ Native American American Indians; also Eskimos and Aleut
- ☐ White Not of Hispanic origin. Persons having origins in Europe, North Africa, or the Middle East.

Employment Narrative – Please let us know why you are seeking employment with MetroCare.

Signature of Prospective Employee _____

RELEASE/DISCLOSURE FOR EMPLOYMENT PURPOSES

BACKGROUND AND REFERENCE INVESTIGATION AUTHORIZATION

As part of its due diligence procedures, MetroCare (hereafter referred to as "Company") requires that a background investigation and a check of references be conducted. The objectives of the investigation are to verify information provided during the application process, investigate references and identify any factors that might be inconsistent with Company employment requirements.

I, _____, give Company permission and authority to conduct a due diligence investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous employment and employment references, verification of education, credit history, motor vehicle driving record, social security wage information, criminal records and other information contained in public records. In addition, I grant permission and authority to Company to obtain past employment information in compliance with regulations of the U.S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, regarding DOT drug and alcohol testing results from past employers.

I authorize and request any Former Employers, Schools, Police Departments, States, Cities and Counties or any other Person to furnish Company designees information concerning:

My Work Habits	Character	Criminal Record	Social Security Information
Reason for Termination	Reputation	Driving Record	Credit History
Salary History	*Worker Comp Claims	Education History	Transcripts

And all other relevant information requested by Company.

I hereby release all Persons, Companies, Corporations, Schools, or Individuals from all liability and responsibility that may result from providing Company with such information as requested. I understand that if hired, my employment is for no definite period of time, consistent with state law, and may be terminated with or without cause and with or without notice, at any time, at the option of either Company or myself. No employee representative, manager, official or supervisor of Company, other than the president or any vice president of Company, has any authority to enter into any agreement for employment for a specified period of time or make any agreement relative to employment that is contrary to the foregoing. Any such employment agreement will be in writing, signed by the designated officer and clearly specifying its term.

If I am not hired due to information contained in the background screen report, I will be notified in writing and a copy of the said report will be supplied to me with a written summary of my rights under the Fair Credit Reporting Act of 1970 as amended in 1996.

Applicant's Full Name- First Middle Last

Social Security Number

Current Street Address

City, State and Zip Code

Driver's License Number

State

** Date of Birth

Previous Address if Current Address Less than 5 years

City, State and Zip Code

Signature

Date

Subject to the Americans with Disabilities Act of 1990 (ADA). ** The Age Discrimination in Employment Act of 1967 (ADEA) prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.