

# Acknowledgement of Receipt

- Representatives of Cooperstown Medical Transport may not enter into an employment agreement for a specified period of time without express written consent of the Company's Chief Executive Officer or his/her designee.
- As part of the employment application process at Cooperstown Medical Transport and for subsequent employment purposes (if you are hired), a consumer report may be obtained. This type of report is generally called a credit or background check and may include information on your credit standing and capacity, character, general reputation, personal characteristics, driving record or mode of living. In accordance with the Fair Credit Reporting Act, by signing below you authorize any reference, school, former employer or other person to disclose to Cooperstown Medical Transport upon request any information they may have about you and you release them from all liability for disclosing such information to Cooperstown Medical Transport. Any reports provided to Cooperstown Medical Transport will not contain medical information.
- The information provided in this Application for Employment is true and complete. Cooperstown Medical Transport may disqualify me from consideration for employment or terminate my employment for any false or misleading statements or omissions in the Application, whenever they may be discovered.
- I understand this application does not, by itself, create a contract of employment with Cooperstown Medical Transport.

\_\_\_\_\_  
PRINT APPLICANT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Cooperstown Medical Transport, federal and state laws prohibit discrimination on the basis of race, color, religion, national origin, sex, age or disability.

**Application May Be Submitted In Person, or Mailed To:**

**CMT**

**599 Delaware County Hwy. 11**

**Oneonta, NY 138250**

**607-433-0000**

**[www.cmtems.com](http://www.cmtems.com)**

# Cooperstown Medical Transport

## BACKGROUND INVESTIGATION AUTHORIZATION

In connection with my employment or application for employment or promotion with Cooperstown Medical Transport, Inc., I understand that background inquiries may be requested by you, or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, credit history, civil matters, previous employment, education background, professional licensing, as well as other experiences.

I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report request at any time during the tenure of my employment. This release is valid for all federal, state, county and local agencies and school authorities. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of this investigation.

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List Previous addresses and names (*Maiden and/or aliases*) used during the past 7 years

Name	Address	City, State,
Zip	County	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_