

EMPLOYMENT RECORD (Please list 3 employers, most current first. We will be contacting supervisors for references.)

COMPANY NAME	SUPERVISOR'S NAME	PHONE	
STREET ADDRESS	CITY	STATE	ZIP
JOB TITLE	WORK PERFORMED		
REASON FOR LEAVING:			
DATES OF EMPLOYMENT	FROM:	TO:	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

EDUCATION – HIGH SCHOOL

NAME	LOCATION
LAST YEAR COMPLETED	YEAR OF GRADUATION
<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION – COLLEGE OR UNIVERSITY

NAME	LOCATION
LAST YEAR COMPLETED	YEAR OF GRADUATION
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO DEGREE/MAJOR

EDUCATION – GRADUATE SCHOOL

NAME	LOCATION
LAST YEAR COMPLETED	YEAR OF GRADUATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE/MAJOR

OTHER JOB RELATED COURSES

NAME
SPECIAL SKILLS, TRADE, SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES:

PERSONAL REFERENCES (Not to include Relatives or Employments)

NAME			
STREET ADDRESS			
CITY	STATE	ZIP	
PHONE NUMBER			

NAME			
STREET ADDRESS			
CITY	STATE	ZIP	
PHONE NUMBER			

NAME			
STREET ADDRESS			
CITY	STATE	ZIP	
PHONE NUMBER			

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 me and I 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 that 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 and federal 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