



APPLICATION FOR EMPLOYMENT

Cooperstown Medical Transport

PERSONAL INFORMATION (PLEASE PRINT)

DATE			
NAME (FIRST, MIDDLE, LAST)			SSN
STREET ADDRESS	CITY	STATE	ZIP
PHONE	CELL PHONE	Best Time To Be Reached:	

REFERRAL SOURCE

<input type="checkbox"/> WALK IN	<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> EMPLOYMENT AGENCY
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER _____			
If referred by a current employee, please state name: _____			
If referred by an agency, please state agency name: _____			

POSITION DESIRED

<input type="checkbox"/> EMT	<input type="checkbox"/> CEMT"	<input type="checkbox"/> EMT-CC	<input type="checkbox"/> PARAMEDIC
<input type="checkbox"/> MAINTENANCE MECHANIC	<input type="checkbox"/> DISPATCHER	<input type="checkbox"/> OTHER	
Our positions require working weekends, evenings and/or holidays, is this acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Available: _____ Minimum Pay Acceptable \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year			

ELIGIBILITY/HISTORY

Are you eligible to work in the United States? Yes No

Are you at least 18 or older? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Have you ever been excluded, debarred, suspended, or otherwise determined to be ineligible to participate as a provider or employee or agent of a provider of health care services? Yes No

Have you ever been convicted of, pled no contest to or been the beneficiary of a plea agreement involving a criminal offense charged against you related to health care? Yes No

Have you ever been employed by Cooperstown Medical Transport? Yes No

Please list any relatives in our employ and relationship:

Do you have a contact or agreement with another company that may limit your availability to perform work for Cooperstown Medical Transport (e.g., a non-compete agreement)? Yes No

Have you ever been known by any other names? If so, please list:

QUALIFICATIONS

TYPE OF TRAINING	EXPIRATION DATE (IF ANY)	LEVEL	INSTRUCTING AGENCY (IF ANY)	CERTIFICATION # (IF ANY)
EMT				
FIREFIGHTER				
CPR				
OTHER				

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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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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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	

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