Star Medical Transport LLC

APPLICATION FOR EMPLOYMENT

Please complete pages 1-4; page 5 is optional.	Date

Name

Last First Middle Maiden

Present Address

Number/Street City State Zip

Home Phone Cell Phone

Email Social Security No.(use only last 4 digits) XXX-XX-

If under 18, please list age	Days/hours available to work			
Position applied for (1) _____	No Preference		Thursday	
	Monday		Friday	
and salary desired (2) _____	Tuesday		Saturday	
	Wednesday		Sunday	

How many hours can you work weekly? Can you work nights? ☐ No ☐ Yes

Employment desired ☐FULL-TIME ONLY ☐PART-TIME ONLY ☐FULL- OR PART-TIME ☐TEMPORARY

When are you available for work?

TYPE OF SCHOOL (High School, College, Business or Trade School, etc.)	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE OBTAINED

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. An affirmative answer to this question will not necessarily preclude employment; however a false answer will preclude employment.

Star Medical Transport LLC. APPLICATION FOR EMPLOYMENT

Please list three references other than relatives.

Name	
Position	
Company	
Address	
Telephone	
Name	
Position	
Company	
Address	
Telephone	
Name	
Position	
Company	
Address	
Telephone	

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the SMT below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Star Medical Transport LLC APPLICATION FOR EMPLOYMENT

Work Experience

Please list your work experience (including any military experience) beginning with your most recently held job. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer		Name of last supervisor	Employment dates	Pay or salary
Address				
City, State, Zip Code			From	Start
Phone number			To	Final
	Your last job title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Name of employer		Name of last supervisor	Employment dates	Pay or salary
Address				
City, State, Zip Code			From	Start
Phone number			To	Final
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Name of employer		Name of last supervisor	Employment dates	Pay or salary
Address				
City, State, Zip Code			From	Start
Phone number			To	Final
	Your last job title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

May we contact your present employer? ☐ **Yes** ☐ **No**

Did you complete this application yourself? ☐ **Yes** ☐ **No**

If not, list name of person completing the application: ____________________

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PLEASE READ CAREFULLY BEFORE SIGNING

If you are hired, this application will become a part of your official employment record.

By signing below, and in exchange for the consideration of my job application by **SMT** (hereinafter called "the **SMT**"), I understand and agree that:

- Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other **SMT** practices, shall serve to create an actual or implied contract of employment with **SMT**, or to confer any right to remain an employee of **SMT**, or otherwise to change in any respect the employment-at-will relationship between the **SMT** and the undersigned. I further understand that the employment-at-will relationship means that, both the undersigned and **SMT** may end the employment relationship at any time without specified notice or reason. If employed, I understand that the **SMT** may unilaterally change or revise, its benefits, policies and procedures and that such changes may include reduction in benefits. The nature of this employment-at-will relationship cannot be altered except by a written instrument signed by the President of the **SMT**.
- The information provided by me in this application is accurate and complete. I understand that, if I am hired, this application will become a part of my official employment record. I understand that any misrepresentation or omission of facts in this application may result in my dismissal at any time without any previous notice.
- The **SMT** has my permission to contact schools, previous employers (unless otherwise indicated), references, and others in order to verify the accuracy of the information contained in this application. I hereby release the **SMT** from any liability as a result of such contact.
- Any claim or lawsuit I may have relating to my employment with **SMT** must be filed by me in the appropriate court no more than six (6) months after the date of the employment action that is the subject of any claim or lawsuit I may have. I hereby waive any right I may have to any statute of limitations (period of time in which a lawsuit may be filed) that is greater than six months.

Signature of Applicant **Date**

SMT is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this **SMT** depends solely on the results of your participation in the complete selection process.

Please return completed forms to:

Star Medical Transport LLC

1900 N. McAuther Blvd. Suite 101

Oklahoma City, Ok 73127

Tel: 405-400-6094

SMT	VOLUNTARY COMPLIANCE FORM This information is needed so that **SMT** will be in compliance with Equal Opportunity regulations of the Federal Government. The information requested is confidential and failure to complete and return to us will not be used in any hiring decision. This information will not become part of any applicant or personnel file.

Date (00/00/0000):

Title of position you are applying for:

Gender: ☐ Male ☐ Female

Birth Date (00/00/0000):

How did you learn about this opening?

- ☐ Otterbein Website
- ☐ Chronicle of Higher Education
- ☐ The Columbus Dispatch
- ☐ Internal Posting
- ☐ Other Publication _____
- ☐ Employee Referral
- ☐ Other Website _____

ETHNIC CATEGORIES

(Check all that apply); effective September 14, 2014.

- ☐ Hispanics of any race
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other SMT Islander
- ☐ White
- ☐ Two or more races

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