



EMPLOYMENT APPLICATION

Allied Medical Transport, LLC provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please -

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- Attach a copy of your resume to this application.
- Submit your completed application to Mail: P.O. Box 22482, Bakersfield, CA 93390, E-mail: alliedmt@gmail.com, or Fax: (661) 888-2778.

Position Applying For: _____

Personal Information

1. Name (Last, First Middle)	3. Social Security # -- --	6. Driver's License (State/No.)
2. Address (Street)	4. Telephone Number () -	7. Alternate Telephone () -
Address (City, State, Zip Code)	5. Email Address	8. DOB (MM/DD/YYYY)

General Information

Are you legally eligible for work in the U.S.A.? Yes No
(if yes, verification will be required)

Have you ever applied to or worked for Allied Medical Transport, LLC before? Yes No
If so, when?

Are any of your relatives currently working for Allied Medical Transport, LLC? Yes No
If so, please list name and department, if applicable.

Have you ever been convicted of a felony? Yes No
If yes, please explain.

Employment Request

Minimum Salary Requested: \$ _____ If applicable, are you available for overtime? Yes No

What is the earliest date you can begin work?

How did you hear about this position?

Recruiter Internet Job Posting Newspaper Classified Company Website Other _____

Employment History

*Please begin with most recent employment

May we contact your current employer? Yes No Not Applicable

Employer: _____ Address: _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Employer: _____ Address: _____ Supervisor: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:

Education

School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational / Specialized				

Military

Military Service: Yes No

Branch: _____

Specialized Training:

References

Name	Company	Title	Contact Information

Signature / Certification

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Allied Medical Transport, LLC to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Allied Medical Transport, LLC by any of the schools, services, or employers listed on this application.

Signature:

Date: