

Positive Medical Transport

201 Commercial Court
Sebring, FL 33876

Phone: 863-655-0030
Fax: 863-655-0062

Robert Layne: President
Marissa Layne: Vice Pres.

COMPLETE THE APPLICATION AS FOLLOWS:

1. Answer all questions if they do not apply place N/A by the number
2. Provide names and complete mailing addresses, including zip codes of former employers, dates of employment and your job title.
3. Correct and complete addresses, including zip codes of former residence
4. Incomplete applications will not be considered for employment
5. Please bring all certifications with you at time of application drop off

You are hereby informed that a thorough background investigation will be part of your processing. This information is solely for the purpose of evaluation of your qualifications for employment with Positive Mobility, Inc. We require all applicants complete a pre-employment drug screen. We are an E-Verify employer.

The submission of this application carries the understanding that you are authorizing Positive Mobility, Inc. to contact all available sources for the purpose of obtaining information as to your qualifications. Any falsification of information on your application will automatically disqualify you from consideration for employment with Positive Mobility, Inc.

This application, when submitted must be accompanied by a copy of the following if you have them:

- Driver License
- Social Security Card
- Paramedic/EMT Card
- EVOC Certificate
- CPR / First Responder
- DOT Physical Card
- Any other information that you think will enhance your application

Employment Application



APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Position Applied for: _____ Full-time or Part-time: _____

Date of Birth: _____ Social Security No.: _____ Desired Salary: \$ _____

Phone: _____ Email: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

List places of residence for the past 5 years. Most recent first. Use additional comments section if necessary.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

List friends/relatives who work here: _____

EDUCATION

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Tech School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

PREVIOUS EMPLOYMENT

List the past 5 years of employment. Most recent first. Use additional comments section if necessary.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO

BACKGROUND

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Have you ever had any portions of your criminal record expunged or sealed? YES NO If yes, explain: _____

Do you have any pending civil actions? YES NO If yes, explain: _____

MOTOR VEHICLE RECORDS

Can you operate a motor vehicle? YES NO Do you possess a valid driver's license? YES NO

Has your license been revoked or suspended? YES NO Have you ever been refused a license? YES NO

Driver's license class: _____ State of issuance: _____ Driver's license number: _____

Have you ever received a traffic citation? YES NO Have you ever been charged with a DUI? YES NO

List any citations received in the past 5 years. Most recent first.

Date of citation: _____ Citation details: _____

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To qualify as a driver for Positive Mobility Inc., I must fully comply with the provisions below. By initialing each, I attest that I meet the qualifications as specified.

____ I am at least 23 years of age

____ I am authorized to work in the U.S.

____ I have a HS diploma or GED

____ I have not been convicted of a felony

____ I agree to be fingerprinted

____ I can pass a pre-employment drug screen

____ I am of good moral character

____ I have not been convicted of a false statement

____ I can pass a physical examination

____ I have not been dishonorably discharged from the military

ADDITIONAL COMMENTS/JUSTIFICATIONS

REFERENCES

Please list three references whom you have known for at least 5 years. No relatives.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

DISCLAIMER AND SIGNATURE

I affirm that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigations. I am further aware that should any investigation disclose any such misrepresentations or falsifications, omissions, or concealment of material fact, my application may be rejected, and my name removed from the eligibility lists. If already appointed, I may be dismissed.

Signature: _____ Date: _____