



APPLICATION FOR EMPLOYMENT

Submit completed application:

Email: info@PrestigePatientTransport.com
 Fax: (888) 273-7025
 Mail: Prestige Patient Transport, LLC.
 P.O. Box 1095
 Seneca, SC 29679

An Equal Opportunity Employer
Prestige Patient Transport, LLC provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

PERSONAL INFORMATION

(Legal Name) Last Name		First Name	Middle Name	Application Date
Position Applying For		Full-Time / Part-Time / PRN	Date Available for Work	Preferred Schedule/Availability
Current Address		City	State	Zip Code
Mobile Phone		Home Phone	Email Address	
Are you over the age of 18 years? Yes No		If offered employment, can you submit evidence of your legal right to work in the U.S.? Yes No		Are you prepared to work overtime when required? Yes No
Have you been convicted of a crime in the past seven (7) years? Yes No				
If yes, please explain. A conviction may not necessarily disqualify you from an offer of employment:				
Referral source?		Have you ever worked for PPT before?		List any relatives that work (or have worked) for PPT

EMPLOYMENT INFORMATION

Starting with your current or most recent employment, list all previous employers including self-employment, military service, part-time jobs for at least the last 10 years. Use additional sheet(s) if necessary.

1. Organization Name:		Title:	Start Date:	End Date:
Address:			Phone:	
Name and Title of Supervisor:		May we contact?	Now After acceptance of offer	
Rate of Pay:	Reason for leaving:			

2. Organization Name:		Title:	Start Date:	End Date:
Address:			Phone:	
Name and Title of Supervisor:		May we contact?	Now After acceptance of offer	
Rate of Pay:	Reason for leaving:			

3.Organization Name:		Title:	Start Date:	End Date:
Address:			Phone:	
Name and Title of Supervisor:		May we contact?	Now	
			After acceptance of offer	
Rate of Pay:	Reason for leaving:			

4.Organization Name:		Title:	Start Date:	End Date:
Address:			Phone:	
Name and Title of Supervisor:		May we contact?	Now	
			After acceptance of offer	
Rate of Pay:	Reason for leaving:			

U.S. MILITARY SERVICE

Branch of Service	Dates Enlisted	Rank at Discharge	Honorable Discharge? If no, please explain

EMS CERTIFICATION

Certification Level	Certification State	Certification Number	Year Completed	Expiration Date
Describe any specialized training or qualifications:				

DRIVING RECORD

License State	License Number	Expiration Date	Endorsements
Has your license ever been suspended or revoked? YES NO			
Number of vehicle accidents or moving violations in the past 3 years?			

PROFESSIONAL REFERENCES Please list at least 3 individuals who are qualified to evaluate your capabilities, preferably managers, peers, or subordinates.

Name	Relationship	Title	Company	Home Phone/Work Phone

EDUCATION HISTORY

School Type	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated?
High School	<i>Name</i> <i>Address</i>			Yes
	<i>City</i> <i>State</i> <i>Zip</i>			No
College	<i>Name</i> <i>Address</i>			Yes
	<i>City</i> <i>State</i> <i>Zip</i>			No
Other	<i>Name</i> <i>Address</i>			Yes
	<i>City</i> <i>State</i> <i>Zip</i>			No

APPLICANT'S STATEMENT

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Prestige Patient Transport, LLC to hire me. If I am hired, I understand that either Prestige Patient Transport, LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Prestige Patient Transport, LLC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Prestige Patient Transport, LLC true and complete information on this application. No requested information has been concealed. I authorize Prestige Patient Transport, LLC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant

Date