

APPLICATION FOR EMPLOYMENT

SCR MEDICAL TRANSPORTATION

8801— 8825 South Greenwood Avenue
Chicago, Illinois 60619

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of SCR MEDICAL TRANSPORTATION, INC. for assistance. PLEASE PRINT CLEARLY AND LEGIBLY.

Position(s) applied for _____ Date of Application _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone # (Please print clearly) () Mobile/Pager/Other Phone # ()

Social Security # _____ Type of employment desired: Full-Time Part-Time

Have you ever been employed here before? Yes No If so, when? _____

How did you hear about us: Newspaper Billboard Walk-In Referral Others

Have you been convicted of a Felony in the last (5) five years? Yes No

EMPLOYMENT HISTORY:

Provide the following information for your present or past employers, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY : t . : ■	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START _____ PER _____ FINAL _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY STARTS _____ PER _____ FINALS _____ PER _____	

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did you Graduate	Course of Study

REFERENCES

Name	Telephone No.	Years Known

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no questions in this application is used for the purpose of limiting or excusing any applicant from consideration for employment on the basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause without prior notice, except as may be required by law. This application dose not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____