

Bell Medical Transport
bellmedicaltransport@gmail.com
T: 973-313-0221 F: 973-313-0252

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Please Print

Date: _____

PERSONAL

Name: _____ Soc. Sec. # _____

Present Address: _____
No. Street City State Zip

Previous Address: _____

Are you 18 years of age or over? Yes No Phone No. ____ (____) _____ - _____

Are you a U.S. citizen? Yes No

Do you have a valid operator's (driver's) license? Yes No

If yes, license number and state _____

EMERGENCY CONTACT

In case of an emergency notify: Name: _____

Address: _____

Phone: ____ (____) _____

MILITARY SERVICE RECORD

Have you ever serviced in the Armed Forces? Yes No

If yes, what branch? _____

Dates of duty: From: _____ to: _____

List of Duties: _____

Present Membership in National Guard or Reserves: Yes No

EMPLOYMENT HISTORY (continued)

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

May we contact the employers listed above? Yes No If not, indicates which one(s) you do not wish us to contact.

If hired and you are under 18 years of age, we will require, prior to starting work, an Age Certificate or Work Permit issued through the local school district.

THREE (3) REFERENCES: _____

IF APPLYING ONLINE:
PLEASE BE ADVISED THAT

THIS AUTHORIZATION PAGE WILL NEED YOUR
HANDWRITTEN
SIGNATURE AND DATE

I authorize Bell Medical Transport to contact each former employer, firm or corporation. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I also understand that if accepted by Bell Medical Transport, my employment is voluntarily entered into and I am free to resign at any time. Similarly, Bell Medical Transport is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

Applicant's Signature

Date

DO NOT WRITE IN THIS SPACE BELOW

Interview by: _____ Date: _____

Hired: Yes _____ No _____ Position _____ Salary/Wage: _____

Dept. _____ Date Reporting to Work _____