



Application for Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, age (40 & older), disability, military or veteran status, or any other legally protected status.

MedFlight is an Equal Opportunity Employer

PLEASE PRINT

Position(s) Applied For	Unit Day (if applicable)		
How did you learn about us?			
Date of Application	If applicable, how many years have you held current licensure/ certification? RN: _____ Paramedic: _____		
Last Name	First Name	Middle Name	
Street Address	City	State	ZIP Code
Phone/Cell/Pager		Email Address	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you are under 18 years of age, can you provide required proof of your eligibility to work?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever interviewed with us before? If yes, please give date _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been employed with us before? If yes, please give date _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently employed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	May we contact your present employer? If no, please explain _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you authorized to work in this country under current U.S. immigration laws? Proof of citizenship or immigration status will be required upon employment.
		Date Available for Work ____/____/____ Desired Salary Range _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you available to work (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> 12-hour Shifts <input type="checkbox"/> 24-hour Shifts
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently on "lay-off" status and subject to recall?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you related, involved in a personal relationship or married to anyone who is currently employed by MedFlight? If yes, please give name _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a crime? If yes, please explain _____



Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, military or veteran or other protected status. Please provide complete information.

Employer/Company Name			Your Job Title			Name of Supervisor		
Type of Business			Start Date			End Date		
Address			Number of Hours Worked/Week			Wage/Salary		
City		State		ZIP		Are you eligible for rehire with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Leaving		
Name and Phone of Your Reference for This Job								
Job Duties: Please Describe Your Primary Responsibilities								

Employer/Company Name			Your Job Title			Name of Supervisor		
Type of Business			Start Date			End Date		
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Name and Phone of Your Reference for This Job								
Job Duties: Please Describe Your Primary Responsibilities								

If you need additional space, please continue on a separate sheet of paper.



Education

High School	# Years Completed Diploma/Degree		
Undergraduate Studies			
Graduate/Professional			
License/Certification	Registration #	Date Received	Date Expires
Other (Specify)			

Professional, Trade, Business or Civic Activities

You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, military or veteran or other protected status.

Name of Organization	Offices Held

Professional References

(Co-workers, Peers, Supervisors; Please do not include relatives.)

Name	Phone	Relationship/Years Known



Applicant's Statement
READ CAREFULLY BEFORE SIGNING

1) I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, incomplete, false or misleading statements on this application may result in dismissal at any time during my employment.

2) I authorize investigation of all statements contained herein and the references listed to give MedFlight any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to MedFlight.

3) I agree that if I accept an offer of employment from MedFlight by commencing employment with MedFlight, that the compensation paid for my first day of employment serves as consideration for the following terms of my employment agreement:

- (a) My employment term is at-will, which means that either MedFlight or I can terminate my employment at any time without reason, and that nothing in the Partner Manual or MedFlight's discretionary use of progressive discipline can alter my at-will status, and that such at-will status may only be changed in writing specific to me, which specifically references a change to my at-will status and is signed by me and the Chief Executive Officer of MedFlight;
- (b) MedFlight may alter my compensation, company-provided benefits and its policies and procedures (other than my at-will status which may only be altered as described in (a)) at any time for any reason and that the identification of an "annual" salary neither alters my at-will status, nor MedFlight's right to alter my compensation;
- (c) I specifically authorize MedFlight to deduct from any money owed me, any money I owe MedFlight due to theft, damage to or failure to return MedFlight provided computer or uniforms; failure to comply with the terms of any tuition reimbursement agreement; recoupment of any compensation erroneously paid me; recoupment of any paid time off or sick leave advanced to and taken by me which exceeds amounts to which I was entitled under MedFlight's policies;
- (d) I specifically authorize MedFlight to reduce any compensation owed me to the minimum amount required under federal law and state law if I fail to provide two (2) weeks written notice of my resignation;
- (e) I agree that any offer of employment is conditioned upon my completion of a health assessment/medical examination/drug test with results satisfactory to MedFlight and I agree to cooperate in their administration;
- (f) I agree that I have no right to be paid out any accrued but unused sick time upon termination no matter the reason.

4) "Partners for Life" is a common slogan and logo that you will see associated with MedFlight. It is meant to represent the idea that we are partners with our EMS and hospital customers in doing all we can to save lives. This slogan should not be misinterpreted as an offer or promise of employment to our partners (employees) for life employment. We retain our rights as an at-will employer.

5) If I become employed by MedFlight and subsequently this employment relationship should end, I hereby give my permission for MedFlight to respond to inquiries regarding my past job performance. I waive any right to preview this information, and release MedFlight from all liability for reporting my past job performance.

6) I agree that any claim or lawsuit relating to my service with Ohio Medical Transportation or any of its subsidiaries (i.e., MedFlight) must be filed no more than six (6) months after the date of the employment action that is subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature _____

Date _____

Drug Testing Consent

MedFlight is committed to a drug-free workplace for the benefit of staff and clients. Therefore, MedFlight has established an applicant drug testing procedure and appropriate drug testing after commencement of employment.

I do hereby freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I agree to release these test results to the company with the understanding that the results will be used to make a decision affecting my employment status. I understand that either the failure to qualify according to the minimum standards established by MedFlight or my refusal to submit to the drug testing procedure may disqualify me from further consideration for employment.

Further, I understand that if employed by the company, I will be required to comply with the company's Drug Free Workplace Policy. I agree that I will submit to a requested substance abuse screening and understand that my failure to comply with such request or a positive result failing to meet the minimum standards, may result in termination of employment.

Signature _____

Date _____



EEO DATA FORM

Ohio Medical Transportation, Inc. is an Equal Opportunity Employer. To assist us, we ask that you answer the following questions to provide us with information necessary for reporting purposes. Under State and Federal Law, the information you provide cannot be used to discriminate against you. This information will be retained separately from your employment application for record keeping purposes. **Completing this form is voluntary.** Failure to provide this information will not subject you to any adverse employment action.

<hr/> Name	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/> Address	RACE (Check all that apply):
<hr/> Date	<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<hr/> Position	<input type="checkbox"/> White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<hr/> Signature	<input type="checkbox"/> Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<input type="checkbox"/> Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	<input type="checkbox"/> Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

MEDFLIGHT
ATTN: HR DEPT
2827 W. DUBLIN-GRANVILLE ROAD
COLUMBUS OH 43235

MedFlight
2827 W. Dublin-Granville Road
Columbus, Ohio 43235