

# MERCY FLEET

Phone: 215-660-4911

Fax: 215-882-9666

E-mail: office@mercyfleet.com

**MERCY considers all applications for all positions without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, marital, veteran or any other legally protected status.**

|   |  |   |                 |
|---|--|---|-----------------|
| Name (Last, First, Middle)  |  | Date of Application _____/_____/_____   |                 |
| Street Address  |  | Cell Phone Number   |                 |
| City / State / Zip Code   |  | E-Mail  |                 |
| Social Security Number  |  | Emergency Contact 1 (Name/Relation/Phone)   |                 |
| Drivers License Number  |  | Emergency Contact 2 (Name/Relation/Phone)   |                 |
| Position applying for   |  | Salary Desired  |                 |
| Are you 18 years of age or older?<br><b>YES / NO</b>  | Have you filled an application with us before?<br>If yes, give date. <b>YES / NO</b> | Have you ever been employed with us before?<br>If yes, give date. <b>YES / NO</b> |                 |
| Are you currently employed?<br><b>YES / NO</b>  | May we contact your present employer?<br><b>YES / NO</b>                             | Are you currently on "lay off" status and subject to recall?<br><b>YES / NO</b>   |                 |
| Can you travel if the job requires it?<br><b>YES / NO</b>   | Are you a citizen of the U.S?<br><b>YES / NO</b>                                     | When can you start?   |                 |
| Have you been convicted of any drug, theft, violent or theft-related act or crime in the last ten (10) years?<br>If yes, please explain. Conviction will not necessarily disqualify an applicant from employment. |  |   | <b>YES / NO</b> |
| In the past thirty-six (36) months have you been involved in any at-fault accidents?<br>If yes, give date(s) and a brief explanation of each accident:  |  |   | <b>YES / NO</b> |
| In the past thirty-six (36) months have you been convicted of any type of motor vehicle violation (moving, parking or otherwise)?<br>If yes, give date(s) of such violation(s) and a brief explanation of each    |  |   | <b>YES / NO</b> |
| In the past thirty-six (36) months has your Driving License have been suspended?<br>If yes, give date(s) and a brief explanation  |  |   | <b>YES / NO</b> |

## EMPLOYMENT HISTORY (MOST RECENT FIRST)

|                    |                           |          |
|--------------------|---------------------------|----------|
| Employer 1         | Start Date                | End Date |
| Address            |                           |          |
| Job Description    | Supervisor / Phone number |          |
| Reason for leaving |                           |          |

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|                    |                           |          |
|--------------------|---------------------------|----------|
| Employer 2         | Start Date                | End Date |
| Address            |                           |          |
| Job Description    | Supervisor / Phone number |          |
| Reason for leaving |                           |          |
| Employer 3         | Start Date                | End Date |
| Address            |                           |          |
| Job Description    | Supervisor / Phone number |          |
| Reason for leaving |                           |          |

## EDUCATION HISTORY

|   |                 |                  |
|---|-----------------|------------------|
| High School Name and Address  |                 |                  |
| Course(s) of Study  | Years Completed | Diploma / Degree |
| College Name and Address  |                 |                  |
| Course(s) of Study  | Years Completed | Diploma / Degree |
| Certification Program Name and Address  |                 |                  |
| Course(s) of Study  | Years Completed | Diploma / Degree |
| Other Name and Address  |                 |                  |
| Course(s) of Study  | Years Completed | Diploma / Degree |
| Do you speak any foreign languages? If yes which one(s) and how fluently:                       |                 | <b>YES / NO</b>  |
| Describe any specialized training, apprenticeship, skills and / or extra-curricular activities: |                 |                  |
| Describe any job-related training received in the United States Military (if applicable):       |                 |                  |
|   |                 |                  |

## CERTIFICATIONS

|   |   |   |
|---|---|---|
| Do you have a current CPR certification?<br><b>YES / NO</b> | Do you have a National Registry Certification?<br><b>YES / NO</b> | Do you have an EMT certification? If yes please list EMT number.<br><b>YES / NO</b> |
|---|---|---|

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Please list all special licenses / certifications that you have.

Provide any additional information you feel might be of assistance to us in considering your application.

## REFERENCES (EXCLUDING RELATIVES & FRIENDS)

|                        |                       |
|------------------------|-----------------------|
| Name (Last, First, MI) | Relationship          |
| Street Address         | City, State, Zip Code |
| Telephone Number       | Best time to contact  |
| Name (Last, First, MI) | Relationship          |
| Street Address         | City, State, Zip Code |
| Telephone Number       | Best time to contact  |

## APPLICANT'S STATEMENT OF ACKNOWLEDGEMENT

"I certify that the answers given herein are true and complete to the best of my knowledge."

I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at the employment decision.

This application for employment shall be considered active for a period of time not to exceed 120 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with MERCY is of an "at will" nature. This means that the employee may resign and the employer may discharge said employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information provided in either this application or pre-employment interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of the Company, and failure to do so may also result in termination.

NAME (PRINTED)

HUNTINGDON VALLEY PA

SIGNATURE

MERCY FLEET

DATE

APPLICATION FOR EMPLOYMENT

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## AUTHORIZATION TO RELEASE INFORMATION FORM

I, \_\_\_\_\_, authorize to release information to Mercy Ambulance & EMS Inc., DBA Mercy Ambulance, DBA Mercy Fleet their respective employees, officers, directors, agents and assigns which I understand may include information regarding my character, general reputation, personal characteristics, etc. including but not limited to: CRIMINAL AND/OR PUBLIC RECORDS, DRIVING RECORDS, DRUG AND ALCOHOL TEST RESULTS, MEDICAL EXAM CERTIFICATION 649-F. \*6045 FORM OR MCSA-5875 FORM (Applies to Drivers only), as well as reports on whether my name appears on any federal or state government website relating to debarment, sanctions, exclusions, or watch lists, prior to and any time during my employment. This information can be obtained directly or through third parties consumer report agencies on monthly basis or upon request.

I understand that MERCY will keep all the information obtained confidential and will not release it to anyone without my written consent.

Date of Birth: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of License: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

Current Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

The nature of services provided by MERCY requires information to be handled in a private, confidential manner as mandated by HIPAA and also in conjunction with the Red Flag Rules.

Information about our business, documentation, employees, patients, contracts, facilities and their employees or officers will only be released to people or agencies outside the Company with MERCY's written consent.

Adherence to legal or regulatory guidelines provides the only exception to this policy. All reports, memoranda, notes, or other documents will remain part of this Company's confidential records.

The name, addresses, phone numbers or salaries of our employees will only be released to persons authorized by the nature of their duties to receive such information and only with the consent of Management or the employee.

The undersigned employee agrees to abide by this confidentiality agreement.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name

Signature

Date

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APPLICATION FOR EMPLOYMENT

## JOB PLACEMENT MEDICAL QUESTIONNAIRE

FOR USE IN CONNECTION WITH INJURY PREVENTION AND FOR WORKER'S COMPENSATION

|  |  |        |  |        |  |        |  |                   |  |          |  |
|--|--|--------|--|--------|--|--------|--|-------------------|--|----------|--|
| Last   |  | First  |  | Middle |  | D.O. B |  | Social Security # |  |          |  |
| Name:  |  |        |  |        |  |        |  |                   |  |          |  |
| Number   |  | Street |  | Apt #  |  | City   |  | State             |  | Zip code |  |
| Address:   |  |        |  |        |  |        |  |                   |  |          |  |
|  |  |        |  |        |  |        |  |                   |  |          |  |
| Name and address of your personal physician:               |  |        |  |        |  |        |  |                   |  |          |  |
| Are you currently on any treatments or taking medications? |  |        |  |        |  |        |  |                   |  |          |  |

PLEASE CIRCLE "YES" OR "NO". IF "YES" PLEASE GIVE DETAILS

DETAILS

|   |     |    |  |
|---|-----|----|--|
| Disorder of the eyes or hearing                       | YES | NO |  |
| Dizziness, fainting, convulsions or paralysis         | YES | NO |  |
| C/P, heart attack, or other heart disorder            | YES | NO |  |
| Hernia  | YES | NO |  |
| Diabetes  | YES | NO |  |
| Rheumatism, arthritis                                 | YES | NO |  |
| Any broken / fractured bones                          | YES | NO |  |
| Strains or sprains of the back                        | YES | NO |  |
| Strain or sprain of any muscle or joints              | YES | NO |  |
| Deformity or amputation                               | YES | NO |  |
| Breathing difficulty                                  | YES | NO |  |
| Hypertension  | YES | NO |  |
| Presently under observation or receiving treatment    | YES | NO |  |
| <b>In the past five (5) years have you</b>            |     |    |  |
| Had a check up  | YES | NO |  |
| Had any injury or surgery                             | YES | NO |  |
| Been a patient in a medical facility                  | YES | NO |  |
| Have you ever received Worker's Compensation Benefits | YES | NO |  |
| Type of injury:                                       |     |    |  |
| Did you fully recover?                                | YES | NO |  |

I hereby declare that all statements and answers herein are full, complete and true. Any discrepancies in the truth may result in MERCY's declining to hire me or termination of my employment at MERCY's sole discretion.

I hereby give my permission to MERCY to verify the information listed above.

Signed \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

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P.A. Post Agency, LLC  
One International Blvd, Suite 405  
Mahwah, NJ 07495  
(Fax) 866.802.6317

Mercy Ambulance & EMS Inc

I, \_\_\_\_\_, do hereby authorize Mercy Ambulance and EMS, Inc. to obtain and review my Motor Vehicle Abstract. The Abstract will be ordered through the office of The P.A. Post Agency, L.L.C., One International Blvd., Suite 405, Mahwah, NJ 07495-0025. I understand that this record may contain personal information including but not limited to child support payments and/or alimony payments as well as information on driver violations and accidents. The Motor Vehicle Abstract is one of the determining factors for possible employment and/or marketing of the business insurance to various insurers.

Employee/Driver Name \_\_\_\_\_.

License # & State of Issuance: \_\_\_\_\_.

Date of Birth:    /    / \_\_\_\_\_.

Signature of Employee/Driver: \_\_\_\_\_.

Date:    /    / \_\_\_\_\_.