



WF-01

## Med-Ride EMS

645 North James Road, Columbus, Ohio 43219  
(614) 747-9744

### APPLICATION FOR EMPLOYMENT

We appreciate your interest in applying for employment with Med-Ride. Your work history will assist us in reviewing your qualifications. Please fill in all applicable blanks with complete information.

**PERSONAL INFORMATION:**

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

Name:

\_\_\_\_\_  
**Last**                      **First**                      **Middle**                      **Social Security Number:**

\_\_\_\_\_  
**Present Address:**              **Apt #**                      **City**                      **State**                      **Zip**

\_\_\_\_\_  
**Telephone Number:**                      **Cell Phone Number**                      **Alternate Telephone Number:**

### EMPLOYMENT INFORMATION

Type of position applying for: \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_

Type of Employment Desired: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Hours/Days **not** Available: \_\_\_\_\_

Expected Salary/Hourly Rate: \$ \_\_\_\_\_

Are you eligible to work in the U.S.? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not a U.S. Citizen, state visa type: \_\_\_\_\_

Are you on Layoff or subject to recall? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How did you hear about us? Referral \_\_\_\_\_ Newspaper \_\_\_\_\_

Website \_\_\_\_\_ Other \_\_\_\_\_

## EDUCATION

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High School	Address				City	State	Zip
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Last Year Completed	1	2	3	4	Degree	_____	
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College	Address				City	State	Zip
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Last Year Completed	1	2	3	4	Degree	_____	
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## WORK EXPERIENCE

Please list your current or most recent employer first. Include summer work.

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Company Name	Address	City	State	Zip	Telephone Number
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_____	_____	_____	____/____/____	to	____/____/____	_____
<b>Position Held:</b>	<b>Supervisor's Name:</b>		<b>Dates Employed:</b>			<b>Ending Pay Rate</b>

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Reason for Leaving

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Company Name	Address	City	State	Zip	Telephone Number
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_____	_____	_____	____/____/____	to	____/____/____	_____
<b>Position Held:</b>	<b>Supervisor's Name:</b>		<b>Dates Employed:</b>			<b>Ending Pay Rate</b>

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Reason for Leaving

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Company Name	Address	City	State	Zip	Telephone Number
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_____	_____	_____	____/____/____	to	____/____/____	_____
<b>Position Held:</b>	<b>Supervisor's Name:</b>		<b>Dates Employed:</b>			<b>Ending Pay Rate</b>

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Reason for Leaving

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any experience in medical services? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**List the type of experience. Also include any type of experience have you had, working with disabled individuals.**

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Do you have any supervisory/management experience? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If yes, please give detailed description of experience:**

Have you ever been employed by Med-Ride before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If yes, give dates of employment.**

Do you have any family or friends who are currently employed by us? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you been an Ohio resident for 5 years or more? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you applying for a driving position? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How many years of driving experience? \_\_\_\_\_ Years

Have you ever been convicted of any criminal activity? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If yes, state the crime(s), court(s), and sentence(s)**

## **PHYSICAL LIMITATIONS**

Specify how many pounds you can lift comfortably: \_\_\_\_\_

Have you ever filed for Workman's Compensation or any other work related injury? Yes: \_\_\_ No: \_\_\_

**If yes, please explain the circumstances and state your current condition and limitations if any:**

Have you filed for unemployment benefits at any time in the past seven years? Yes: \_\_\_ No: \_\_\_

**If yes, explain, and state the name and phone number of the employer:**

## WORK REFERENCES

Please provide at least three individuals (other than relatives) whom we may contact for work-related references: You may list more if you so desire.

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Name	Title	Organization
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Telephone Number: \_\_\_\_\_

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Name	Title	Organization
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Telephone Number: \_\_\_\_\_

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Name	Title	Organization
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Telephone Number: \_\_\_\_\_

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Name	Title	Organization
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Telephone Number: \_\_\_\_\_

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Name	Title	Organization
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Telephone Number: \_\_\_\_\_

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Name	Title	Organization
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Telephone Number: \_\_\_\_\_



