

# TRI COUNTY MEDICAL TRANSPORT

659 E. DINUBA AVE. REEDLEY, CA 93654  
PH. 800-996-2990 FAX. 559-637-1861

## APPLICATION FOR EMPLOYMENT

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 the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Referral Source:  Advertisement       Employee       Relative       Gov. Employment Agency  
 Walk-in       Private Employment Agency       Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

INSTRUCTIONS:  
PLEASE PRINT LEGIBLY IN BLACK INK AND ONLY CHECK THE BOXES THAT APPLY.

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
State
Zip code

Phone Number \_\_\_\_\_ Do you have a valid California driver license?  Yes  No

Have you submitted an application here before?.....  Yes  No

If yes, give date(s)..... \_\_\_\_\_

Do you have driving experience? .....  Yes  No

Do you have patient care experience? .....  Yes  No

Date available for work..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you relocate if job requires it?.....  Yes  No      Will you travel if job requires it? .....  Yes  No

Are you able to meet the attendance requirements of the position?.....  Yes  No

Will you work overtime if required?.....  Yes  No

If no, please explain \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE (    )	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		
JOB TITLE		
IMMEDIATE SUPERVISOR AND TITLE		
EMPLOYER	TELEPHONE (    )	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		
JOB TITLE		
IMMEDIATE SUPERVISOR AND TITLE		
EMPLOYER	TELEPHONE (    )	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		
JOB TITLE		
IMMEDIATE SUPERVISOR AND TITLE		
EMPLOYER	TELEPHONE (    )	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		
JOB TITLE		
IMMEDIATE SUPERVISOR AND TITLE		

**Comments** (Include explanation of any gaps in employment) \_\_\_\_\_

\_\_\_\_\_

**Skills and Qualifications** (Summarize any special training, skills, license and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying)

\_\_\_\_\_

Are you bilingual? \_\_\_Yes \_\_\_No

Which other languages can you speak/read/write? \_\_\_\_\_

**Additional background related to driving or patient care.**

List last three (3) schools attended, started with most recent. Indicate degree or diploma earned, if any. Major field of study. Minor field of study (if applicable).

A. School	B. Degree	C. Major	D. Minor

**References**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Phone Number	Years Known

**Additional Information**

List professional, trade, business, or civic associations and any offices held.  
EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

Organization	Offices Held

List special accomplishments, publications, awards, etc.  
EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

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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 question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 360 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 and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand the 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 it is this 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# TRI COUNTY MEDICAL TRANSPORT

659 E DINUBA AVE, REEDLEY, CA 93654  
800-996-2990 FAX 559-637-1861

## Conditional Offer of Employment

We are pleased to offer you a position as a Transport Driver. This offer is made on the conditions set forth in the remainder of this offer letter and in accordance with the attached job description.

You will be a full-time, non-exempt employee paid at the hourly rate of \$12.00. You will report directly to dispatch. You may be eligible for any employee benefits, which may be in affect at the time of your regular employment status. The term "employer" used in this conditional offer letter shall refer to Tri County Medical Transport.

We are offering you this position under the following terms and conditions:

1. **California "At-Will" Statement:** You have the right to terminate your employment at any time, with or without reason and with or without notice. Tri County Medical Transport also has the right to terminate your employment at any time, with or without reason and with or without notice. No person other than Tri County Medical Transport may change this at-will employment relationship and such a change must be made in writing.
2. We retain the right to assign you to a different position at any time with or without notice, and to change your job duties to meet our operation needs. From time to time you may be requested to perform other job functions as assigned at the discretion of the employer. The industry may change rapidly and we must be flexible to meet the needs of the organization.
3. As a condition of employment, you may be required to sign the following acknowledgements at the beginning of your conditional employment: human resources manual, anti-harassment and discrimination policy, drug and alcohol abuse policy, conditional offer of employment, and any other employment-related documents that are required as part of your employment with Tri County Medical Transport and which constitute conditions of your continued employment.
4. You understand that you are ethically obligated to any previous employers and Tri County Medical Transport to protect the confidentiality of organizational information learned and acquired while in their employment and ours. You agree not to disclose such confidential information without written consent from Tri County Medical Transport.
5. You are required to fill out a Form I-9, Verification and Eligibility Form of the federal government qualifying your ability to work in the United States. Failure to verify eligibility to work may disqualify you for employment at Tri County Medical Transport.
6. You may be required to take a drug and alcohol test as a condition of employment. To be offered continued employment with Tri County Medical Transport, the test report must come back negative.
7. You may be required to undergo a background criminal records check as a condition of employment. This offer of employment is conditional upon the report coming back without any

history of conviction of a felony and without any history of a misdemeanor that would render you unfit for the job.

8. You will be required to read your position's job description and verify your ability to perform the essential functions of the job for which you made application. As your employer, any work modification or accommodation will be considered, assessed and implemented if it does not pose an undue hardship to Tri County Medical Transport.
9. This conditional offer of employment may be contingent on the completion of reference checks, including verification of employment and educational status. In this regard, we require that the references are generally positive in content and character. Misrepresentation of any information may be grounds for immediate termination.
10. Prior to assignment to regular employment status, it is anticipated that you will satisfactorily fulfill the requirements of any on-the-job (OJT) training assigned. If any on-the-job training agreement signed by you and the employer entails a training period beyond the introductory period illustrated in the human resources manual / personnel handbook, the OJT training period will satisfy the introductory period for employment toward classification as a regular status employee.
11. If your position requires it, a Class-C California Driver's License will need to be verified. As a condition of employment, your State Department of Motor Vehicles (DMV) record(s) should be satisfactory. If necessary, a DMV report will be acquired verifying a satisfactory driving record.
12. As a condition of your employment, a Transport Driver will be required to pass a job-related hands-on and written driving test. Your driving skills as a driver will be assessed based on the passing requirements of the employer. You will also be required to pass a written test to determine your job-related knowledge as prescribed by the employer. Your conditional job offer will be considered null and void if you are unable to pass both tests.
13. Confidential relationships must be kept regarding all matters relating to clients. This also includes personal and business matters regarding business clients / customers. Knowledge of any matter is to remain confidential. Names and personal information about any client / customer is not to be divulged or disclosed outside the company office.
14. During your employment and for a period of twelve (12) months thereafter, you shall not, directly or indirectly, solicit for employment or employ any employee of this company.
15. You agree that, at the time you leave the employment of Tri County Medical Transport, you will deliver to the company any and all devices, records, data, notes, reports, proposals, lists, correspondence, specifications, drawings, blueprints, sketches, materials, equipment, other documents or property, or reproductions of the aforementioned items developed by you pursuant to employment.
16. If in the course of your employment with Tri County Medical Transport, you incorporate into a company product, process or machine a prior invention owned by you or in which you had an interest, the company is hereby granted and shall have a nonexclusive, royalty-free, irrevocable, perpetual, worldwide license to make, have made, modify, use and sell such prior invention as part of or in connection with such product, process or machine.

You have carefully read and considered the conditions of employment and agree that the above conditions and restrictions are fair and reasonable and are reasonably required for the protection of the interests of this company, its officers, directors, shareholders and other employees.

This conditional offer of employment is the entire offer to you. There are no other expressed or implied promises (written or verbal), representations, or contracts being offered to you. In accepting employment by Tri County Medical Transport, there are no statements or representations, whether written or oral, by any representing party of this company concerning the duration of employment or any other terms or conditions of employment that have been offered to you. You further understand that any documents signed by you, all organizational policies, and human resources manual / personnel handbook shall not constitute a contract or agreement or constitute any vested interests.

If you agree to accept this offer, please sign and date one of the two enclosed copies and return it to Tri County Medical Transport.

We look forward to you joining our organization. We believe you will find work here to be rewarding personally and professionally. If you have any questions, we remain available to assist in any way possible.

**Employee Acknowledgment and Acceptance Statement:**

I agree to accept the conditions of employment and restrictions as described in this conditional offer of employment letter. I understand that if any of these conditions are not met by me throughout the duration of my employment with Tri County Medical Transport may be subject to immediate termination.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Translator Attestation:**

I attest that I was present with the applicant and was able to accurately translate the content of this conditional offer of employment letter to the applicant.

\_\_\_\_\_  
Signature of Translator

\_\_\_\_\_  
Date

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**Authorization to Obtain Driving Records**

Department of Motor Vehicle reports may be obtained as part of Tri County Medical Transport's evaluation of my job application. The reports may be procured by DiBuduo & DeFendis Insurance Brokers, LLC and may include my driving record to assess my insurability under the company's insurance coverages.

By signing this disclosure, I hereby authorize DiBuduo & DeFendis Insurance Brokers, LLC to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability. I give my permission to DiBuduo & DeFendis to share such reports with Tri County Medical Transport.

Applicant Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Driver's License #

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



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## **NON-PAID RIDE ALONG AGREEMENT**

Applicants interested in employment are encouraged to partake in a ride along session before accepting employment. Applicants are to engage in a ride along for observation and will not be performing any physical duties. You will be able to observe every aspect of the job in order to evaluate whether or not you can perform the duties that are associated with transporting medical patients.

If for any reason the applicant decides that they cannot perform all duties associated with the job or feel they are not fit for the job, he or she needs to inform the supervisor and the hiring process will be terminated. Upon termination of the hiring process, the applicant will NOT be receiving any wages and surrenders employment. If applicant decides that they would like to accept employment the first session will still be considered non-paid and will NOT receive any wages.

If after the first session the applicant is undecided and not ready to accept employment, a second ride along session can be arranged. The second session will be for observation only and also be considered as a non-paid ride along.

I have read and understand the terms stated above and have received a copy. I agree to engage in the non-paid ride along process for employment evaluation.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_