**JOB APPLICATION**

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**DUNNS**

**Non-Emergency Medical Transportation Service**

**P.O. Box 652**

**Gales Ferry, Connecticut 06335**

[**DunnsNEMT2020@gmail.com**](mailto:DunnsNEMT2020@gmail.com)

***DUNNS Non-Emergency Medical Transportation Service is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.***

*Please fill out all sections below:*

# Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name |  | | |
| Home Address |  | | |
| City, State, Zip code |  | | |
| Social Security Number |  | | |
| Driver License Number/Type and State |  | | |
| Endorsements/Restrictions |  | | |
| Date of Birth |  | Date of Application |  |

# Employment Position

|  |  |
| --- | --- |
| Position(s) applying for? |  |
| What days are you available for work? |  |
| What hours or shift are you available for work? |  |
| If needed, are you available to work overtime? |  |
| On what date can you start working if you are hired? |  |
| Do you have reliable transportation to and from work? |  |
| Salary desired: |  |

# Personal Information

|  |  |  |
| --- | --- | --- |
| Have you ever applied to or worked for DUNNS Non-Emergency Medical Transportation |  |  |
| Service before? | Yes | No |
| If yes, when? |  |  |
|  |  |  |

Do you have any friends, relatives, or acquaintances working for DUNNS Non-

|  |  |  |
| --- | --- | --- |
| Emergency Medical Transportation Service?  If yes, state name & relationship: | Yes | No |
|  |  |  |

Are you 18 years of age or older? Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| Are you a U.S. citizen or approved to work in the United States? |  | Yes | No |
| What document can you provide as proof of citizenship or legal status? |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Will you consent to a mandatory controlled substance test? | Yes | No |
| Do you have any condition which would require job accommodations? | Yes | No |
| If yes, please describe accommodations required below. |  |  |
|  |  |  |

Have you ever been convicted of a criminal offense (felony or misdemeanor) \*? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Have you ever been convicted of a motor vehicle violation? Yes No

If yes, please state the nature of the violation(s), when and where convicted and disposition of the case:

***\*FAILURE TO DISCLOSE ANY CRIMINAL HISTORY AND/OR MOTOR VEHICLE VIOLATION IS AN AUTOMATIC DISQUALIFICATION OF EMPLOYMENT\****

# Job Skills/Qualifications

Please list below the skills and qualifications you possess relative to this position for which you are applying:

***(Note: DUNNS Non-Emergency Medical Transportation Service complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a prospective hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)***

# Education and Training

**High School**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | City and State | Year Graduated | Degree Earned |
|  |  |  |  |

**College/University**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | City and State | Year Graduated | Degree Earned |
|  |  |  |  |

**Vocational School/Specialized Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | City and State | Year Graduated | Degree Earned |
|  |  |  |  |

# Military

|  |  |
| --- | --- |
| Are you a member of the Armed Services? |  |
| What branch of the military did you enlist? |  |
| What was your military rank when discharged? |  |
| How many years did you serve in the military? |  |
| What military skills do you possess that would be an asset for this position? |  |

# Previous Employment

***Employer 1***

|  |  |
| --- | --- |
| Employer Name |  |
| Supervisor Name and Contact Information |  |
| Employer Address, City, State and Zip Code |  |
| Dates Employed |  |
| Reason for Leaving |  |

***Employer 2***

|  |  |
| --- | --- |
| Employer Name |  |
| Supervisor Name and Contact Information |  |
| Employer Address, City, State and Zip Code |  |
| Dates Employed |  |
| Reason for Leaving |  |

***Employer 3***

|  |  |
| --- | --- |
| Employer Name |  |
| Supervisor Name and Contact Information |  |
| Employer Address, City, State and Zip Code |  |
| Dates Employed |  |
| Reason for Leaving |  |

## References

Please provide 3 references below allowing for one personal, non-relative reference:

|  |  |
| --- | --- |
| **Reference** | **Contact Information** |
|  |  |
|  |  |
|  |  |

***Additional Information:***

Why do you think we should hire you?

What can you offer to this company?

## AT-WILL EMPLOYMENT

The relationship between you and the DUNNS Non-Emergency Medical Transportation Service is referred to as "employment at-will." This means that your employment can be terminated at any time, for any reason, with or without cause, with or without notice, by you or the DUNNS Non-Emergency Medical Transportation Service. No representative of DUNNS Non-Emergency Medical Transportation Service has authority to enter into any agreement contrary to the foregoing "employment at-will" relationship. You understand that your employment is "at-will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our General Manager/Chief Operations Officer or the Business's President.

“I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTEST THAT THE INFORMATION PROVIDED BY ME IN THE APPLICATION IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE”. “FURTHERMORE, I UNDERSTAND THAT ANY FALSIFICATION, OMISSIONS OR CONCEALMENT OF ANY REQUIRED INFORMATION BY ME, ON THIS APPLICATION, WILL RESULT IN AUTOMATIC DISQUALIFICATION FROM CONSIDERATION OF EMPLOYMENT WITH DUNNS NON-EMERGENCY MEDICAL TRANSPORTATION SERVICE.”

**Applicant Signature:** **Dated:**