



PRN Medical Transport

Employment Application Packet

TO: All Applicants
FROM: PRN Management

Thank you for expressing an interest in PRN Medical Transport.

PRN Medical Transport provides non-emergency medical transportation for patients of several nursing facilities and private residents throughout the Burlington and Camden County areas.

Our services include both wheelchair and stretcher transportation for many reasons, such as but, not limited to: Emergency Room visits, Doctor's Office visits, physical therapy, dialysis treatments, etc.

General Requirements for employment:

- 1- All applicants must be at least eighteen (18) years of age prior to starting work for PRN.
- 2- All applicants must have a valid driver's license.

Emergency Medical Technician (EMT) requirements:

- 1- All applicants must have a valid CPR for the Professional Rescuer certification.
- 2- All applicants must be certified as a NJ EMT, National Registry EMT, or be certified as an EMT in a State in which NJ honors.

Full Time Employment:

An employee who is regularly scheduled to work at least 32 hours/week is a regular full-time employee. Full-Time employees are responsible for at least one On-Call per week.

Part Time Employment:

An employee who is regularly scheduled to work less than 32 hours/week but at least 24 hours/week is a part-time employee. Part-Time employees are not eligible for benefits except as required by law or as provided by a specific PRN policy, or applicable plan document.

Per Diem Employment:

An employee who is hired to perform services to PRN on a basis other than a regular schedule. Per Diem employees are not eligible for benefits except as required by law, or as provided by a specific PRN policy, or applicable plan document. Per Diem employees must maintain an availability schedule with the dispatch center. Per Diem employees are required to be available to work a minimum of sixteen (16) hours during each calendar month.

Instructions for completing this application:

- 1- Complete all information that is requested. If a question does not apply to you write "N/A".
- 2- Be sure to sign the "Authorization to Release Information" and the Employment Application.
- 3- Include a copy of your driver's license and any certification you hold, such as a CPR or EMT card.

*We can make copies at our office when you come to drop off your application.

All certifications must be valid and a copy must be provided to PRN Medical Transport.

"As Needed"



PRN Medical Transport

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION FORM

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Care Medical Transportation INC. D/B/A PRN MEDICAL TRANSPORT to obtain a consumer report and/or an investigative consumer report which may include the following:

- 1- My employment records;
- 2- Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
- 3- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
- 4- Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Care Medical Transportation INC. D/B/A PRN MEDICAL TRANSPORT from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Care Medical Transportation INC. D/B/A PRN MEDICAL TRANSPORT to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name: _____
(Printed Name)

Signature Date

Date of Birth: _____

SSN: _____



PRN Medical Transport

Employment Application

Today's Date: _____

A P P L I C A N T I N F O R M A T I O N	Last Name:		First Name:			Middle Initial:		
	Street Address:					Apartment/Unit Number:		
	City:				State:	Zip Code:		
	Home Telephone Number:			Mobile Telephone Number:				
	Date of Birth: (MM/DD/YY)	Age:	Social Security Number:		Driver's License Number:		State:	Expiration Date:
	/	/						
<p>Have you ever been arrested for a crime, regardless of a conviction, which has not been annulled, expunged or sealed by the court? Have you ever been convicted of any crime, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court?</p> <p><input type="radio"/> Yes <input type="radio"/> No Explain: _____</p>								
CPR Certified? If yes, what is the Expiration Date.				EMT Certified? If Yes, who is the issuing authority and what is the Expiration Date.				
<input type="radio"/> Yes	<input type="radio"/> No	EXP.		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N.J. EMT	<input type="radio"/> Other: _____	
						<input type="radio"/> NREMT	EXP.	

P O S I T I O N	Desired Position:		Employment Status Desired:		Days Available each Week:		Shifts Available for: (Part Time Only)	
	<input type="radio"/> Wheelchair Van Driver (MAVT)		<input type="radio"/> Full Time (> 32hrs. /Week)		<input type="radio"/> Mon <input type="radio"/> Thu <input type="radio"/> Sun		<input type="radio"/> Days (8:00a to 4:00p)	
	<input type="radio"/> Emergency Medical Technician (EMT)		<input type="radio"/> Part Time (> 24hrs. but < 32hrs. / Wk)		<input type="radio"/> Tue <input type="radio"/> Fri		<input type="radio"/> Evening (4:00p to 8:00p)	
	<input type="radio"/> Other: _____		<input type="radio"/> Per Diem (at least 16hrs. / Month)		<input type="radio"/> Wed <input type="radio"/> Sat <input type="radio"/> Any		<input type="radio"/> Weekends (All Times)	
Date you are available to start work:			Desired Salary: (per Hour)		Were you referred to PRN by any current employee? If yes, by whom?			
			\$					
<p>Have you ever worked for PRN in the past? If yes, give dates and reason for leaving.</p> <p><input type="radio"/> Yes <input type="radio"/> No Start: _____ End: _____ Reason for Leaving: _____</p>								

E D U C A T I O N	High School	Name of School		Course of Study	Dates From/To:	Did you Graduate?
		Location (City,State,Zip)				
	College	Name of School		Course of Study	Dates From/To:	Did you Graduate?
		Location (City,State,Zip)				
	Business Trade/Tech	Name of School		Course of Study	Dates From/To:	Did you Graduate?
		Location (City,State,Zip)				
	Business Trade/Tech	Name of School		Course of Study	Dates From/To:	Did you Graduate?
		Location (City,State,Zip)				

Have you ever had any of your professional license(s) suspended or revoked?

Yes _____ No _____ If yes, please identify which license(s), which State(s), and when:

Have you ever been convicted of a health-care related felony or misdemeanor (including a plea bargain or other arrangement with prosecuting authorities)?

Yes _____ No _____ If yes, please identify the nature, location and time of the conviction:

Have you ever been excluded, suspended, or debarred from the Medicare or Medicaid programs or any other federally funded health care program, or had civil monetary penalty or administrative fine imposed against you?

Yes _____ No _____ If yes, please identify the nature and time of the exclusion, suspension, disbarment, penalty or fine:

List any health-care related business or entities in or with which you or a member of your immediate family or household have a direct or indirect ownership or controlling interest or other type of financial or business relationship.

Have any of the businesses or entities which you listed in response to the previous question, been excluded, suspended, or debarred from the Medicare or Medicaid programs or any other federally-funded health care program, or had a civil monetary penalty or administrative fine imposed against them?

Yes _____ No _____ If yes, please identify the nature and time of the exclusion, suspension, disbarment, penalty or fine:

Have you ever defaulted on a Health Education Assistance Loan?

Yes _____ No _____ If yes, please identify the amount and time of the default:

Please provide us with any other relevant information with respect to corporate compliance matter.

List both full-time and part-time employment history, including military service. Start with your most recent employer FIRST.

EMPLOYER 1	Company Name:			Name of Supervisor: (must be filled in)		
	Street Address:					
	City:		State:	Zip Code:	Telephone Number:	
	Job Title:		Dates of Employment:		Starting Salary:	Ending Salary:
			Start:	End:	\$	\$
	Job Description and Responsibilities: (note any special duties or responsibilities)					
Reason for leaving: (give a full description as to why you left or are leaving this employer) <input type="radio"/> Voluntary Quit <input type="radio"/> Terminated						

EMPLOYER 2	Company Name:			Name of Supervisor: (must be filled in)		
	Street Address:					
	City:		State:	Zip Code:	Telephone Number:	
	Job Title:		Dates of Employment:		Starting Salary:	Ending Salary:
			Start:	End:	\$	\$
	Job Description and Responsibilities: (note any special duties or responsibilities)					
Reason for leaving: (give a full description as to why you left or are leaving this employer) <input type="radio"/> Voluntary Quit <input type="radio"/> Terminated						

EMPLOYER 3	Company Name:			Name of Supervisor: (must be filled in)		
	Street Address:					
	City:		State:	Zip Code:	Telephone Number:	
	Job Title:		Dates of Employment:		Starting Salary:	Ending Salary:
			Start:	End:	\$	\$
	Job Description and Responsibilities: (note any special duties or responsibilities)					
Reason for leaving: (give a full description as to why you left or are leaving this employer) <input type="radio"/> Voluntary Quit <input type="radio"/> Terminated						

List three references not related to you, who have known you for at least two years. Do not repeat names of supervisors listed under employment history.

R E F E R E N C E 1	Last Name:		First Name:		Middle Initial:
	Street Address:				Apartment/Unit Number:
	Home Telephone Number:		Mobile Telephone Number:		
R E F E R E N C E 2	Last Name:		First Name:		Middle Initial:
	Street Address:				Apartment/Unit Number:
	City:		State:	Zip Code:	
	Home Telephone Number:		Mobile Telephone Number:		
R E F E R E N C E 3	Last Name:		First Name:		Middle Initial:
	Street Address:				Apartment/Unit Number:
	City:		State:	Zip Code:	
	Home Telephone Number:		Mobile Telephone Number:		

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application shall be grounds for dismissal. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Full Name: _____
(Printed Name)
Signature
Date

*** MAKE SURE YOU READ AND SIGN THE "AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION FORM" ***

***APPLICANT - DO NOT WRITE ON THIS PAGE.**

Applicant Evaluation and Determination

I N T E R V I E W	Notes:

B A C K G R O U N D	EMPLOYER 1 - Contact Name:	Discussion Results and Notes: <input type="radio"/> Pass <input type="radio"/> Fail Notes: _____
	EMPLOYER 2 - Contact Name:	Discussion Results and Notes: <input type="radio"/> Pass <input type="radio"/> Fail Notes: _____
	EMPLOYER 3 - Contact Name:	Discussion Results and Notes: <input type="radio"/> Pass <input type="radio"/> Fail Notes: _____
	DRIVER	Driving Record Results: <input type="radio"/> Clear Notes: _____
	CDR	Sanction Check (General Services Administration, Office of Inspector General, U.S. Treasury - Blocked Persons, NJ Debarment List) Notes: _____
	D	Criminal Record Results: <input type="radio"/> Clear <input type="radio"/> Arrested <input type="radio"/> Convicted <input type="radio"/> Acquitted Charges: _____
	S	DMV Records: <input type="radio"/> Pass <input type="radio"/> Fail Sanction Check: <input type="radio"/> Pass <input type="radio"/> Fail Criminal Record: <input type="radio"/> Pass <input type="radio"/> Fail

**** Attach copies of all background investigation reports to application.**

R E S U L T S	Interviewed by: <input type="radio"/> Pres. <input type="radio"/> VP <input type="radio"/> Dir. Ops.	Employee Job Title: <input type="radio"/> MAVT <input type="radio"/> EMT <input type="radio"/> Other: _____	Days and Shifts - Permanent Schedule: Mon <input type="radio"/> 8a-4p <input type="radio"/> 4p-8p <input type="radio"/> Other: _____ Tue <input type="radio"/> 8a-4p <input type="radio"/> 4p-8p <input type="radio"/> Other: _____ Wed <input type="radio"/> 8a-4p <input type="radio"/> 4p-8p <input type="radio"/> Other: _____ Thu <input type="radio"/> 8a-4p <input type="radio"/> 4p-8p <input type="radio"/> Other: _____ Fri <input type="radio"/> 8a-4p <input type="radio"/> 4p-8p <input type="radio"/> Other: _____ Sat <input type="radio"/> 8a-4p <input type="radio"/> 4p-8p <input type="radio"/> Other: _____ Sun <input type="radio"/> 8a-4p <input type="radio"/> 4p-8p <input type="radio"/> Other: _____
	Offered Position? If yes, starting salary/wages: <input type="radio"/> Yes <input type="radio"/> No \$ _____	Employee Status: <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Per Diem	
	Reporting to work on: _____		
	New Jersey New Hire Reporting completed? ** Attach a copy to the application <input type="radio"/> Yes <input type="radio"/> No Date: _____		