



DATE: \_\_\_\_\_

608 CLINTON AVE. S. • ROCHESTER, NY 14620  
(585) 654-6030 EXT 224 • FAX (585) 295-8031

## APPLICATION FOR EMPLOYMENT

*Medical Motor Service is an equal opportunity employer and selects individuals based upon job related qualifications; regardless of race, color, creed, sex, national origin, age, disability, marital status, military status, sexual orientation, genetic information, prior arrest record or any other status protected under federal or local equal opportunity laws.*

NAME:	E-MAIL ADDRESS:		
ADDRESS:	CITY:	STATE:	ZIP:
PRIMARY PHONE:	SECONDARY PHONE:		

POSITION APPLYING FOR: \_\_\_\_\_  FULL TIME  PART TIME  
IF PART TIME: HOURS \_\_\_\_\_ DAYS \_\_\_\_\_  
EXPECTED RATE OF PAY: \_\_\_\_\_

HOW DID YOU HEAR ABOUT MEDICAL MOTOR SERVICE?  ONLINE, WEBSITE: \_\_\_\_\_  
 FRIEND/FAMILY MEMBER, NAME: \_\_\_\_\_  OTHER \_\_\_\_\_  
HAVE YOU WORKED FOR MMS IN THE PAST?  YES  NO  
IF YES, WHEN? \_\_\_\_\_ WHAT POSITION? \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR A LEGAL ALIEN WHO HAS THE RIGHT TO WORK IN THE UNITED STATES?  
 YES  NO

**IF YOU ARE APPLYING FOR A DRIVING POSITION PLEASE COMPLETE THE FOLLOWING QUESTIONS:**  
LICENSE # \_\_\_\_\_ DO YOU HAVE A COMMERCIAL DRIVERS LICENSE?  YES  NO  
IF YES, PLEASE COMPLETE THE FOLLOWING: CLASS OF CDL \_\_\_\_\_ (EXAMPLE C OR B)  
CDL RESTRICTIONS \_\_\_\_\_ (EXAMPLE B L N2 ETC.) LISTED BELOW LICENSE TYPE.  
**Please list and describe any motor vehicle convictions on your license which may help us to understand and evaluate your record.**  
\_\_\_\_\_  
\_\_\_\_\_

PERSONAL

**EXPERIENCE**

	FIRM NAME & ADDRESS	DATES OF EMPLOYMENT	POSITION	NAME OF SUPERVISOR	REASON FOR LEAVING
PRESENT OR LAST EMPLOYER					
NEXT PREVIOUS EMPLOYER					
NEXT PREVIOUS EMPLOYER					
MAY WE INQUIRE OF YOUR FORMER EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
TRANSPORTATION EMPLOYERS	Please list the name and address of any local transportation providers you have worked for not listed above:				

**SKILLS**

HIGHEST LEVEL OF EDUCATION COMPLETED	<input type="checkbox"/> HIGH SCHOOL/GED <input type="checkbox"/> ASSOCIATES DEGREE, DEGREE OBTAINED: _____ <input type="checkbox"/> BACHELORS DEGREE, DEGREE OBTAINED: _____ <input type="checkbox"/> POST GRADUATE, DEGREE OBTAINED: _____
SKILLS	Are there any other experiences, skills or qualifications which you feel would prepare you to work at Medical Motor Service?
DRIVING SKILLS	Please highlight any driving skills or work experience that you have that would prepare you to work at Medical Motor Service.

**APPLICANT'S STATEMENT**

**I understand and agree that:**

- Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
- I understand that this is an application for employment and that no employment contract is being offered. Also, I understand that if I am employed, such employment is for no definite period of time and that Medical Motor Service can change wages, benefits and conditions at any time.
- If I am employed I must pass a physical which will test my ability to do the job under article 19-A of the New York State Department of Motor Vehicles.
- I will be required to authorize a Criminal History Record check and will be required to be fingerprinted.
- As a condition of employment I will be required to undergo a test for drug/alcohol use. The results of that test will be evaluated to determine my ability to do the job. Such additional testing may be required from time to time.
- As a condition of continued employment I will be required to successfully complete, within 1 year of my hire date, a defensive driving course approved by the Agency. If I have completed a course within the past three years, this requirement will be waived.
- Medical Motor Service will obtain a report on my driving record from the New York State Motor Vehicle Department.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MEDICAL MOTOR SERVICE  
608 CLINTON AVENUE, S.  
ROCHESTER, NY 14620**

The New York State Commissioner of Education requires that each prospective driver submit character references to the Executive Director for consideration. Would you please fill in the necessary information listed below and return it to Medical Motor Service.

**Applicants Name & Address:**

Name \_\_\_\_\_

Address \_\_\_\_\_

1. How many years have you known the candidate? \_\_\_\_\_

2. What is your evaluation of his/her character as it might relate to the operation of a motor vehicle?

\_\_\_\_\_

\_\_\_\_\_

3. Is there any additional information that you feel is important for us to consider when evaluating this person?

\_\_\_\_\_

\_\_\_\_\_

Thank you.

**Please sign and date below.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**I certify that I am not a blood relative or related by marriage to the above applicant.**