

# APPLICATION FOR EMPLOYMENT

MEDICAL MOTOR SERVICE

608 CLINTON AVE. S.

ROCHESTER, NY 14620

AN EQUAL OPPORTUNITY EMPLOYER

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

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you hear about Medical Motor Service? \_\_\_\_\_

Do you have any relatives working at MMS? \_\_\_\_\_

Do you know anyone currently employed at MMS? \_\_\_\_\_

Have you worked for MMS in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION:

TYPE OF SCHOOL	NAME & LOCATION	NATURE OF COURSE
High School		
College		
Business or Professional		
Other Courses		

## EMPLOYMENT:

	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? \_\_\_\_\_ YES \_\_\_\_\_ NO

INTERESTED IN WORKING \_\_\_\_\_ PART TIME \_\_\_\_\_ FULL TIME

IF PART TIME: HOURS \_\_\_\_\_ DAYS \_\_\_\_\_

## Additional Details:

Please list any other experience or information you believe would be helpful to us.

---

---

OVER

**IF YOU ARE APPLYING FOR A DRIVING POSITION, PLEASE COMPLETE THE FOLLOWING:**

How many years have you driven a car? \_\_\_\_\_ A van? \_\_\_\_\_ A school bus? \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION:**

License # \_\_\_\_\_

Class of License \_\_\_\_\_ Do you have a commercial Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes**—please complete the following: Type of CDL \_\_\_\_\_ (example C\*\*P)

List restrictions \_\_\_\_\_ (example B\*L\*W etc.) listed below license type.

**(Driver's license information required for position, with no intent to use for discriminatory purposes. However, a clean record is desirable. It is understood that a report on your driving record for the past three years will be obtained from the New York State Motor Vehicle Department. Please explain any convictions on your license which may help us to understand and evaluate your record.**

---

---

**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 other protected groups under federal or local equal opportunity laws.**

**I understand and agree that:**

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. 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.
3. I understand that 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.
4. I understand that I will be required to authorize a Criminal History Record check and will be required to be fingerprinted.
5. I understand and agree that 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.
6. I understand that 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.

**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.**

**RELEASE**

Having made application and desiring Medical Motor Service to be informed as to my previous record, I hereby authorize them to investigate my past record, and to ascertain any and all information which may concern my record whether same is of record or not; and I release all law enforcement agencies, employers and all persons whomsoever from any damage on account of furnishing said information.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date