

Employment Application

OC Paratransit is a non-emergency medical transportation company offering coordinated transportation services to seniors.

(833) 247-9111

24012 Calle De La Plata, Suite 400, Laguna Hills, CA 92653

OC Paratransit is an equal opportunity employer. OC Paratransit does not discriminate in employment with regard to race, color, religion, national origin, citizenship status ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

APPLICANT INFORMATION (PLEASE PRINT CLEARLY):

Name (legal) _____
(Last) (First) (Middle)

Other names under which you have worked or used for educational purposes _____

Your Current Address _____
(Street) (City) (State) (Zip)

Home Phone #: _____ Mobile Phone #: _____ Email: _____

Driver's License #: _____

How did you hear about us? ☐ Company website ☐ Job Posting ☐ Job Fair ☐ School

☐ Employee _____ ☐ Internet _____
Employee's Name Specify Website

Have you ever worked at this company before? ☐ Yes, ☐ No Dates employed _____ to _____

Department _____ Supervisor _____ Reason for leaving? _____

Do you have any relatives or friends who work for OC Paratransit? ☐ Yes ☐ No

If yes, who? _____ Relationship: _____

If hired, can you present proof of your right to work in the United States? ☐ Yes ☐ No

Are you 18 Years or Older? ☐ Yes ☐ No
(If under 18, a work permit is required under state/federal law)

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No

If yes, please provide company names and details _____

Can you work any shift? ☐ Yes ☐ No If no, explain: _____

Can you work overtime, including weekends? ☐ Yes ☐ No If no, explain: _____



Last Name, First Name _____

EMPLOYMENT DESIRED:

Position Applying for: _____ Salary desired: _____

Can you work any shift? ☐ Yes ☐ No If no, explain: _____

Can you work overtime including weekends? ☐ Yes ☐ No If no, explain: _____

Do you have any special skills, experience and/or training that would enhance your ability to perform the position you desire?
for? If yes, explain. _____

EDUCATION:

	Name and Location	Field of Study	Degree/Certificate Awarded	Year Received
High School				
College				
Vocational/Technical				
Other				

SKILLS/QUALIFICATIONS:

OFFICE APPLICATIONS:

☐ Excel ☐ PowerPoint ☐ Word ☐ Access ☐ Excel ☐ Outlook ☐ Windows ☐ Mac

Other Skills/ Relevant to Position (please specify): _____

LANGUAGES: Speak: _____ Read: _____ Write: _____

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PROFESSIONAL LICENSES/CERTIFICATIONS:

Type _____ No. _____ State _____ Exp. _____

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Are you CPR/BLS certified? ☐ Yes ☐ No If yes, expiration date: _____

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying?

Note: You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, National origin, ancestry, age, disability, marital status, veteran status, or any other protected status.

☐ Yes ☐ No If yes, please explain and list offices held:

Last Name, First Name _____

EMPLOYMENT HISTORY – Include your last seven (7) years of employment history, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.* (Use additional sheets if necessary). Please do not substitute “see resume/cv” for any information requested within the application.

Employer Name and Address:	Dates of Employment (Indicate Month and year) From: _____ To: _____
	<input type="checkbox"/> Full time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Name, Title:
Position Title/Job Duties:	Reason For Leaving:

Employer Name and Address:	Dates of Employment (Indicate Month and year) From: _____ To: _____
	<input type="checkbox"/> Full time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Name, Title:
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May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor's Name, Title:
Position Title/Job Duties:	Reason For Leaving:

Last Name, First Name _____

List ANY periods of unemployment during the past ten (10) years beginning with the most recent period of unemployment.		
From	To	Reason for unemployment

REFERENCES: Please list three (3) professional references. Do not list relatives.

Name	Company	Years Acquainted	Email, Phone, Address

APPLICANT ACKNOWLEDGEMENT

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by OC Paratransit unless I have indicated to the contrary. I authorize the references listed above to provide OC Paratransit all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from all liability for any damages that may result from furnishing such information to OC Paratransit or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the OC Paratransit and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of OC Paratransit. I understand that no employee or representative of OC Paratransit other than its President/CEO, has the authority to enter into any agreement for employment for any specified period, or to make any express or implied agreement contrary to the foregoing. Further, the President/CEO of the OC Paratransit may not alter the at-will nature of my employment relationship with the OC Paratransit unless the President/CEO and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I also understand that upon receiving any offer of employment made to me will be contingent on my submitting proof of my identity and legal authorization to work in the U.S, OC Paratransit's receipt of satisfactory responses to reference requests, and the satisfactory completion of a pre-placement background check and post-offer medical examination.

Applicant's Signature

Date

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.