



Dear Prospective Employee

Please Read

In 2009 the government initiated the American Recovery and Reinvestment act better known as the Stimulus Package. You are being asked for the following information to determine if your employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are interviewing with may be able to obtain certain valuable tax credits based upon your answers to the questions on the two documents. Please take your time and answer the questions carefully, completely, and accurately. This information is requested voluntarily you are not required to complete this questionnaire; however the information is required for your potential employer to receive the federal tax credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect your eligibility for employment or any benefits you or your family may currently be receiving. In fact, you could be more employable due to your complete and truthful answers. Your assistance is appreciated.

Sincerely

**David Batson, GM
Airport Express, Inc.**

MedRide/MedVan/Oklahoma Critical Care Transport/Airport Express/MetroLink Employment Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT
APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE ALL PAGES DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long at this address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____ Date of Birth ____/____/____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific)
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available to start? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

If Applying for EMT/Paramedic Position, is your State License Current? Yes / No If Yes, State# _____ NR# _____

All Applicants: DO YOU HAVE A DRIVER'S LICENSE? Yes No

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes / No

Have you had any moving violations during the past three years? Yes / No

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did?

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by MedRide/MedVan/Oklahoma Critical Care Transport (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Paycom

Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by Client.

Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs, or DMV of any state as to my eligibility for federal or state tax credit programs.

Signature Required (Sign and Date inside the box)

Print Name: First	Last	Social Security Number (last 4 digits only) XXX -- XX --
Street Address		Phone Number
City	State	Zip Code

1. If you are under age 40, enter date of birth (month, day, year) _____

2. Have you ever worked for this employer before? Yes ___ No ___
 If Yes, enter last date of employment _____

3. Have you been unemployed or have not worked for anyone for more than 40 hours during the past 60-day period? Yes ___ No ___

4. Are you a Veteran of the U.S. Armed Forces? Yes ___ No ___
 If NO, go to Question 5
 If YES, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 15 months before you were hired? Yes ___ No ___
 If YES, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.
 OR, are you a veteran entitled to compensation for a service-connected disability? Yes ___ No ___
 If Yes, were you discharged or released from active duty within the year before you were hired? Yes ___ No ___
 OR, were you unemployed for a combined period of at least 6 months during the year before you were hired? Yes ___ No ___

5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired? Yes ___ No ___
 OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? Yes ___ No ___
 If YES to either question, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.

6. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ___ No ___
 OR, by an Employment Network under the Ticket to Work Program? Yes ___ No ___
 OR, by the Department of Veterans Affairs? Yes ___ No ___

7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes ___ No ___
 OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes ___ No ___
 OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes ___ No ___
 If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes ___ No ___
 If YES to any question, enter name of *primary recipient* _____ and the *city and state* where benefits were received _____.

8. In the past 12 months, have you had a felony conviction, felony probation, work release, or prison release? Yes ___ No ___
 If YES, enter *date of conviction* _____ and *date of release* _____.
 Was it a Federal _____ or a State _____ conviction? (Check one)

9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes ___ No ___

10. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes ___ No ___
 OR, were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes ___ No ___
 If YES, were you discharged or released from active duty in the Armed Forces at any time during the 5-year period ending on the hiring date? Yes ___ No ___
 If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes ___ No ___

11. Are you at least 16 but under age 25? Yes ___ No ___
 If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes ___ No ___
 If YES, were you not regularly employed during that 6-month period? Yes ___ No ___
 If YES, were you not employable because you lacked basic skills? Yes ___ No ___

12. If you lived in the area impacted by Hurricane Katrina on August 28, 2005, please enter the address, including county or parish and state where you lived at that time.

Street Address

City, State, Zip

County or Parish

Employer use only	
Please send both pages of this Questionnaire, both pages of the	Starting Wage \$ _____
8850 (all with original signatures), supporting documentation to:	
Paycom, ATTN: Tax Credit Dept.	Position Title _____
4005 NW Expressway, Suite 500	
Oklahoma City, OK 73116	Hire Date _____
<i>This documentation is time sensitive and must be received</i>	Start Date _____
<i>by Paycom no later than 21 days from the new employee's</i>	
<i>start date to allow Paycom to time to review and submit the</i>	
<i>new employee's package to the State Workforce Agency.</i>	
<i>Request for certification does not guarantee approval.</i>	



To Be Completed By Employer

TO BE COMPLETED
BY EMPLOYER

Employment Reference Check #1

Name: _____

- When did (name) work for your company? Could you confirm starting and ending employment dates? When did s/he leave the company?

- Why did (name) leave the company? _____
- What was her/his starting and ending salary? _____
- What was her/his position? Can you describe the job responsibilities? _____

- Could I briefly review (name's) resume? Does the job title and job description match the position that (name) held? _____
- Did (name) miss a lot of work? Was s/he frequently late? Were there any issues you are aware of that impacted her/his job performance?

- _____

TO BE COMPLETED
BY EMPLOYER

Employment Reference Check #2

Name: _____

- When did (name) work for your company? Could you confirm starting and ending employment dates? When did s/he leave the company?

- Why did (name) leave the company? _____
- What was her/his starting and ending salary? _____
- What was her/his position? Can you describe the job responsibilities? _____

- Could I briefly review (name's) resume? Does the job title and job description match the position that (name) held? _____
- Did (name) miss a lot of work? Was s/he frequently late? Were there any issues you are aware of that impacted her/his job performance?

- _____

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____
State License # _____ Exp _____ NR# _____ Exp _____ CPR Exp _____
ACLS Exp _____ PEPP/PALS Exp _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____
Address _____ Relationship _____