



REIMBURSEMENT TECHNOLOGIES INC

1000 River Road, Suite 100, Conshohocken, PA 19428-2437

Phone: 610.834.2828 / Fax: 610.834.2806 / E-mail Address: rti_resumes@emcare.com

Reimbursement Technologies, Inc. (RTI) is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status, or disability. RTI will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation will impose an undue hardship on the operation of our business.

Name _____
(Last) (First) (Middle)

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

Telephone _____
(Daytime) (Evening) (Cell)

Email Address _____ Social Security Number _____

Are you over 18 years of age? _____ (The law prohibits discrimination against anyone at least 40 or more years old)

Have you ever applied or were employed at RTI or any of its affiliated companies (AMR, EmCare) before? _____

If yes, when? _____ Position? _____

Do you have any relatives working for RTI or its affiliated companies? If yes, which location/department? _____

Education and Training:

Type of School	Name	City, State	Years Completed	Degree	Course/Major Subjects
High School					
College					
Vocational/ Technical					
Other Training					

Position You Are Applying For:

Position Title: _____ Location: _____ Salary Requirement: _____

How did you learn of this position? _____ When can you start? _____

Are you seeking: Full -Time / Part -Time / Temporary Employment? _____ Hours/Shifts Available: _____

PLEASE READ AND COMPLETE CAREFULLY		YES	NO
1	Are you legally eligible for employment in the U.S.?		
2	Have you ever been fired or asked to resign from any job? If yes, please list employer, date, and reason below.		
3	Have you ever been refused bond from a bonding company?		
4	Is there any reason that you could not adequately perform the essential duties of the job for which you have applied?		
5	Have you ever been excluded or debarred from practicing within a federal healthcare program? If yes, list term and reason for exclusion below.		

Have you been convicted of any crime? (Include any finding or plea of guilt, deferral, no contest or nolo contendere. Exclude minor traffic offenses) () yes () no
If yes, give all dates, places, charges, and disposition. (Conviction will not necessarily bar you from employment consideration). _____

If answered **Yes** to any of the above, please explain: _____

List other qualifications and skills (e.g. languages, typing, office machines, etc.). Please list job related organizations, clubs, professional societies, or other associations to which you belong (you may omit those of which may indicate your race, color, religion, sexual orientation, national origin, gender, age, veteran status, marital status or disability).

Employment History: Complete information, including contact numbers, will assist in timely verification

Employer	Month/Year Employed From To	Position Title	
Address		Responsibilities	
City, State Zip			
Name of Supervisor	Phone #	Last Base Salary	Reason for Leaving
Employer	Month/Year Employed From To	Position Title	
Address		Responsibilities	
City, State Zip			
Name of Supervisor	Phone #	Last Base Salary	Reason for Leaving
Employer	Month/Year Employed From To	Position Title	
Address		Responsibilities	
City, State Zip			
Name of Supervisor	Phone #	Last Base Salary	Reason for Leaving

May we contact the employers listed above? Yes _____ No _____
 If no, indicate which: _____

Other names under which your former employers or educational institutions would know you:

PROFESSIONAL / WORK-RELATED REFERENCES:

Name	Relationship	Daytime Phone	Evening Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I UNDERSTAND that a consumer report may be obtained for employment purposes (including criminal, education, and employment background checks) as part of the pre-employment investigation and at any time during my employment. I understand that should this application or a criminal record check reveal a conviction, finding or plea of guilt, deferral, no contest or nolo contendere of a crime, further processing of this application or my employment, if hired, may be terminated.

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE COMPANY OR MYSELF.

SIGNATURE: _____ **DATE:** _____

APPLICANT EEO OR AFFIRMATIVE ACTION INFORMATION

It is the policy of Reimbursement Technologies Inc. to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, gender, age, ancestry, sexual orientation, veteran status, marital status, or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.

Full Legal Name: _____

Position Applied for (list only one): _____

What is your gender? (please circle):

Male

Female

What is your race/ethnic origin? (select one)

- American Indian or Alaskan Native
- Black, not Hispanic Origin
- Hispanic
- White, not of Hispanic Origin
- Asian or Pacific Islander
- Do Not wish to self identify**

Signature: _____ **Date:** _____