



STAT MEDICAL
TRANSPORT

2011 Employment Application

EMT / Paramedic / RN applicants. . .

Thank you for your interest in employment with STAT Medical Transport, LLC.

Please do not return your employment application until all necessary paperwork is attached (see below). Once your application is turned in, we will contact you during our next hiring in order of applications received. It is difficult for anyone in the company to predict when our next hiring will be. We will call applicants we're interested in for interviews when the time comes. Your application will be kept on file for a minimum of two (2) years. If you are still interested in employment after two years, please submit a new application with all necessary paperwork attached. You may attach a resume, however, you must still fill out all sections of the employment application completely.

For additional information about the job, or to obtain a job description, please email us at:

info@statmedicaltransport.com

Employment Application Instructions and Information

Attach the following required documents with this application:

- Front and back copy of your driver's license. (Must possess a valid drivers license at the time of hire.)
- Front and back copy of your EMT / EMT-Paramedic certification or RN license.
- Front and back copy of your CPR / BCLS card (Professional Rescuer CPR / BCLS only)
- Front and back copy of your ACLS card (Paramedics & RN's only)
- Copy of Emergency Vehicle Operator's (EVOC) certificate

Optional documents:

Letters of recommendation, resume, applicable certificates, awards, etc.

Incomplete applications will not be processed. Please do not return your application unless all paperwork is attached.

Complete applications will be processed and reviewed. Applicants may then be called for an interview as job openings occur or are anticipated.

Applicants who are offered employment will be required to pass a physical examination, lifting/agility test, drug / alcohol testing, and complete an I-9 form (eligibility to work in the US). Employment is conditional upon successful completion of these items. New employees must submit to a base-line blood test and TB skin test before working on the ambulance to determine any pre-employment presence of HIV, TB, Hepatitis, or other contagious or communicable diseases.

Every employment application that you will fill out during your lifetime will reserve the right to conduct a criminal background check. Some employers do follow through, and some don't. We are advising you that **we really will conduct a full criminal background check on every applicant, and a full driver history on every applicant eligible to drive a company vehicle.** We will examine online photographs and internet social networking website postings when conducting background checks. Photographs and postings on internet sites are considered public domain. If you appear to be acting inappropriately or appear to be posing in a way that is not compatible with our company philosophy, please don't even bother to fill out this application.

NO EXCEPTIONS.



STAT MEDICAL
TRANSPORT

740 Burmont Road—Rear, Drexel Hill, PA 19026
Phone (610) 626-4216 Fax (610) 626-4219

EMAIL: info@statmedicaltransport.com

Name: _____

Date: ____ / ____ / ____

2011 Employment Application

Please print legibly

PERSONAL INFORMATION

Last Name	First Name	MI	Social Security Number	
Present Home Address			City, State	Zip Code
Permanent Mailing Address (if different)			City, State	Zip Code
Home Telephone	Cellular / Pager / Other Phone		Email Address	

DESIRED EMPLOYMENT

Position	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Desired wage / salary	Date you can start	
Have you ever applied to STAT Medical Transport before? <input type="checkbox"/> YES <input type="checkbox"/> NO	When?	Position?	Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	How much notice must you give your present employer? _____ WEEKS
Have you ever worked for STAT Medical Transport before? <input type="checkbox"/> YES <input type="checkbox"/> NO	When?	Position?	Supervisor	Reason for leaving
Who referred you to STAT Medical Transport? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> FRIEND <input type="checkbox"/> RELATIVE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER				
<input type="checkbox"/> STATE EMPLOYMENT OFFICE (DWS)		<input type="checkbox"/> NEWSPAPER		Name of Person: _____
<input type="checkbox"/> COLLEGE PLACEMENT SERVICE		<input type="checkbox"/> WALK IN		How do you know this person? _____

EDUCATION

	Name ▼	City, State ▼	Number of years attended	Did you Graduate?	Subjects Studied ▼
Grammar School					<input type="checkbox"/> general
Middle School					<input type="checkbox"/> general
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> general
College / University				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other / Trade School				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> EMT-B Certification <input type="checkbox"/> CPR / FA <input type="checkbox"/> EMT-P / RN / PHRN <input type="checkbox"/> EVOC

OTHER TRAINING / SKILLS

Special Study / Research / Volunteer Experience
Special Training
Special Skills (computer, etc...) TYPE ____ wpm 10-Key ____ wpm <input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/> INTERNET <input type="checkbox"/> SHORTHAND <input type="checkbox"/> DICTATION

EMPLOYMENT HISTORY

Name of Present or Last Employer		Address, City, State, Zip Code		
Starting Date	Leaving Date	Were you ever promoted? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you supervise others? How many? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	Employer Phone Number
Starting Wage or Salary _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	Ending Wage or Salary _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	Supervisors' Names and Titles:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO May we contact your supervisors? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> BOTH		Description of work / duties:		
Job Titles Held				
Explain reason for Leaving:				<input type="checkbox"/> QUIT <input type="checkbox"/> FIRED <input type="checkbox"/> LAY OFF <input type="checkbox"/> SEASONAL WORK <input type="checkbox"/> TEMP. WORK

Name of Previous Employer		Address, City, State, Zip Code		
Starting Date	Leaving Date	Were you ever promoted? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you supervise others? How many? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	Employer Phone Number
Starting Wage or Salary _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	Ending Wage or Salary _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	Supervisors' Names and Titles:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO May we contact your supervisors? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PROFESSIONAL REFERENCES (PEOPLE YOU'VE WORKED WITH)

Name ▼	City, State ▼	Business / Profession	Years Acquainted	Phone Number ▼

MILITARY SERVICE RECORD

Branch of Service: _____

VETERAN OF: _____ RANK: _____ DISCHARGE DATE: _____

PLEASE READ THIS SECTION CAREFULLY AND COMPLETE ENTIRELY

1.	Are you at least 18 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Are you legally eligible for employment in the United States of America?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Do you have a valid driver's license? If yes, please complete below: State: _____ License Number: _____ Exp Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Have you ever had any medical related certification or license suspended, restricted, or revoked? If yes, list term and reason below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Have you ever been excluded or debarred from practicing within a federal healthcare program? If yes, list term and reason for exclusion below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Is there any reason that you could not adequately perform the essential duties of the job for which you have applied?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Have you been cited for any moving violations in the past five (5) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Have you been involved in ANY accidents in the past five (5) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Has your driver's license ever been suspended, revoked, denied, or cancelled?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EXPLAIN ALL "YES" ANSWERS TO QUESTIONS 4 THROUGH 9 IN THIS SPACE:

CRIMINAL BACKGROUND

Have you ever been convicted of, found guilty of, or pleaded no contest (nolo contendere) to any crime within the past 10 years. Exclude minor traffic offenses.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, LIST ALL DATES, PLACES, CHARGES, AND DISPOSITION IN THIS SPACE. CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT CONSIDERATION.

EMS CERTIFICATIONS

EMS Certification ▼	Name / Agency ▼	Location where completed ▼	Certification / License Number ▼	Expiration Date ▼
Professional Rescuer CPR / BCLS				
First Aid, Emergency Response, or First Responder				
EMT-Basic or EMT-Intermediate				
EMT-Paramedic, RN / PHRN, Physician				
ACLS				
EVOC				

AUTHORIZATION

"I certify that all information given herein is true and complete to the best of my knowledge. I understand that in the event I become employed by STAT Medical Transport, any discovery of false or misleading information given in my application or interviews may result in my immediate dismissal."

"I authorize STAT Medical Transport to investigate all statements and references contained in this application for employment as may be necessary in arriving at an employment decision, including arrest and conviction records, motor vehicle and driving records, or performance records from prior employers, and I hereby release all persons from liability arising out of the disclosure or use of such information."

"I hereby understand and acknowledge that, if employed by STAT Medical Transport, my employment relationship with the Company will be of an "at will" nature, unless my employment is governed by a collective bargaining agreement or by an individual employment agreement that has been signed by an authorized Company representative. If employed as an at-will employee, I may resign at any time, and STAT Medical Transport may discharge me at any time, with or without cause, and with or without notice. The "at will" relationship between me and STAT Medical Transport, if applicable, may not be changed by any verbal promise, by any written document, or by conduct, unless such change is specifically acknowledged in writing and signed by an authorized Company representative."

"I understand that in the event I become employed by STAT Medical Transport, I will be expected to abide by all rules and regulations of the Company and to read the STAT Medical Transport employee handbook before reporting to work."

"I acknowledge and understand that STAT Medical Transport prohibits its employees from harassing other employees, patients, emergency personnel from other companies or agencies, or anyone else for any reason, including, without limitation, the person's sex, age, color, race, religion, national origin, or disability. I further acknowledge that any such behavior by me will result in disciplinary action being taken, up to and including immediate discharge, regardless of length of service or position held."

"I acknowledge and understand that I may be required to submit to testing for illegal drugs and/or alcohol as a condition of employment or continued employment, and shall be obligated to comply with the STAT Medical Transport drug and alcohol policy. I further acknowledge and understand that if I test positive, or if I refuse to submit to such testing, or if I substitute or falsify any sample in any way, I may be denied employment or continued employment with STAT Medical Transport."

SIGNATURE: _____ **DATE:** _____

COMPANY USE ONLY

____ Interviewed by: _____ Date: _____	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified
Notes:	<input type="checkbox"/> Employment Offered <input type="checkbox"/> Employment Accepted <input type="checkbox"/> Paperwork Complete <input type="checkbox"/> Required Certifications

____ Interviewed by: _____ Date: _____	<input type="checkbox"/> Qualified <input type="checkbox"/> Not Qualified
Notes:	<input type="checkbox"/> Employment Offered <input type="checkbox"/> Employment Accepted <input type="checkbox"/> Paperwork Complete <input type="checkbox"/> Required Certifications

EEOC / AFFIRMATIVE ACTION DATA

It is the policy of STAT Medical Transport 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 for statistical purposes only.

Last Name		First Name		MI
Position Applied For				
What is your race or ethnic origin?			What is your gender?	
<input type="checkbox"/> White, not of Hispanic Origin			<input type="checkbox"/> Male	
<input type="checkbox"/> Hispanic			<input type="checkbox"/> Female	
<input type="checkbox"/> Black, not of Hispanic Origin			Veteran?	
<input type="checkbox"/> Asian			<input type="checkbox"/> Yes	
<input type="checkbox"/> American Indian			<input type="checkbox"/> No	
<input type="checkbox"/> Polynesian / Island			Disabled?	
<input type="checkbox"/> European			<input type="checkbox"/> Yes	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> No	

SIGNATURE: _____

DATE: _____

COMPANY USE ONLY

Notes:

Notes:

Notes:

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

**FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER**

AFTER COMPLETION MAIL TO:
PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

Local Number 717-425-5546
1-888-QUERYPA (1-888-783-7972)
DO NOT SEND CASH OR PERSONAL CHECK

NAME/ REQUESTER	STAT Medical Transport, LLC
ADDRESS	PO Box 337
CITY/STATE/ ZIP CODE	Drexel Hill, PA 19026-0337

CHECK ONE BLOCK

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE

FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

6	1	0	-	6	2	6	-	4	2	1	6
---	---	---	---	---	---	---	---	---	---	---	---

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
		SEX
		RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

<input type="checkbox"/> ADOPTION (DOMESTIC)	<input checked="" type="checkbox"/> EMPLOYMENT/SCREENING	<input type="checkbox"/> PASSPORT
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> PRIVATE INVESTIGATIONS
<input type="checkbox"/> BANKING	<input type="checkbox"/> HEALTHCARE	<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> BAR ASSOCIATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> TENANT CHECK
<input type="checkbox"/> CHURCH	<input type="checkbox"/> INSURANCE LICENSE	<input type="checkbox"/> VISA
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NURSE AID TRAINING	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> ELDER CARE	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> EMERGENCY MANAGEMENT		

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

REQUEST FOR DRIVER INFORMATIONThe most current version of this form can be found at www.dmv.state.pa.us**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK****DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**
 Bureau of Driver Licensing
 P.O. Box 68695
 Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

 BASIC INFORMATION: \$5.00 FEE (Driver history is not included) 3 YEAR DRIVER RECORD: \$5.00 FEE 10 YEAR DRIVER RECORD: \$5.00 FEE (Employment Purposes Only) FULL HISTORY: \$5.00 FEE CERTIFIED DRIVER RECORD: \$10.00 FEE COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEEYou may obtain a copy of your own 3 year, 10 year and/or Full History Driving Record on PennDOT'S Web site at www.dmv.state.pa.us

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">A REQUESTER INFORMATION</th> </tr> <tr> <td colspan="2">NAME/COMPANY STAT Medical Transport, LLC</td> </tr> <tr> <td colspan="2">ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> 740 Burmont Road / PO Box 337</td> </tr> <tr> <td>CITY Drexel Hill</td> <td>STATE ZIP CODE PA 19026</td> </tr> <tr> <td colspan="2">DAYTIME TELEPHONE NUMBER (REQUIRED) (610) 626-4216</td> </tr> <tr> <td colspan="2">RELATIONSHIP TO DRIVER (REQUIRED) Employer</td> </tr> <tr> <td colspan="2">SIGNATURE X NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD</td> </tr> </table>	A REQUESTER INFORMATION		NAME/COMPANY STAT Medical Transport, LLC		ADDRESS <small>P.O. 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I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.</td> </tr> <tr> <td colspan="2">X _____ SIGNATURE OF REQUESTER</td> </tr> <tr> <td colspan="2">Title Owner/Administrator on behalf of STAT Medical Transport, LLC</td> </tr> </table>	B END USER OF INFORMATION BEING REQUESTED		NAME/COMPANY STAT Medical Transport, LLC		ADDRESS <small>(P.O. 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MESSENGER NO.

INSTRUCTIONS

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$5.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."
DO NOT SEND CASH. Attach your check or money order and send to:

For overnight and other special mail:

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
P.O. BOX 68695
HARRISBURG, PA 17106-8695

BUREAU OF DRIVER LICENSING
DRIVER RECORD SERVICES
1101 SOUTH FRONT STREET 3RD FLOOR
HARRISBURG PA 17104-2516

DESCRIPTION OF INFORMATION AVAILABLE

BASIC INFORMATION..... Includes name, address, driver number, date of birth and class of license.

(\$5.00 fee)

3 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**

(\$5.00 fee)

10 YEAR RECORD* Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. **You can obtain a copy of your own record on PennDOT's Web site at www.dmv.state.pa.us**

(\$5.00 fee)

FULL HISTORY Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.

(\$5.00 fee)

CERTIFIED RECORD..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania certified by the Department.

(\$10.00 fee)

MICROFILM

DOCUMENT..... Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.

(\$5.00 fee)

CERTIFIED COPY

OF DOCUMENT Copies of documents from the microfilm file that have been certified by the Department.

(\$10.00 fee)

IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our Web site at www.dmv.state.pa.us and click on "Online Business Services" for more information.

**Form I-9, Employment
Eligibility Verification**Department of Homeland Security
U.S. Citizenship and Immigration Services**Instructions****Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. **(State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i> STAT Medical Transport, LLC, PO Box 337, Drexel Hill, PA 19026		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year) (if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record		
	6. Military dependent's ID card		
	6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
		8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
10. School record or report card		8. Employment authorization document issued by the Department of Homeland Security	
11. Clinic, doctor, or hospital record			
12. Day-care or nursery school record			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) STAT Medical Transport, LLC, PO Box 337, Drexel Hill, PA 19026-0337	9 Office code (optional)	10 Employer identification number (EIN) 20-2598524	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

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The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.