



Mercy Flight would like to sincerely thank you for your interest in joining our team. We are pleased to accept your application for employment as member of our family, which has been serving the community of Western New York as a not-for-profit, charitable organization for over 35 years.

Please carefully complete the attached electronic application by typing in your responses next to the applicable fields. Once completed, please print the document and sign in ink. Forward the completed and signed application to our Director of Human Resources:

**James R. Wallace, Sr.
Director of Human Resources
Flying Tigers-Buffalo Airport
100 Amherst Villa Rd.
Buffalo, NY 14225
jwallace@mercyflight.org**

We encourage you to call with questions or concerns regarding the application process. Mr. Wallace can be reached at 716-626-5808 extension 1310.

Once again, thank you for applying!

Mercy Flight, Inc.

MERCY FLIGHT, INC.
APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Status (Check One): FT PT Per-diem Date: ___/___/___

Referral Source (Check One): Advertisement Employee Relative Employment Agency Walk-in

Other: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip _____

Telephone No.: _____ E-mail Address: _____

Best Time to Contact You is: _____ At (Phone): _____

May We Contact You at Work? Yes No If Yes, Phone: _____

Have You Filed an Application With Us Before? Yes No Date: _____

Have You Been Employed Here Before? Yes No Dates: _____ to _____

Date Available for Work: _____ Check: Full-Time Part-Time Per-diem

Will You Work Overtime if Required? Yes No

Which days or hours would you be unable or unwilling to work? _____

WORK EXPERIENCE: (List most recent first) If you have worked in any previous positions under another name, please list that name(s) / for reference checking purposes: Name: _____ @ Company: _____
Name: _____ @ Company: _____

LENGTH OF SERVICE FROM Mo. ____ Yr. ____ To Mo. ____ Yr. ____ TOTAL: Yrs. ____ Mos. ____ Total Hours Per Week Week ____ Hrs. ____	NAME OF AGENCY	ADDRESS	CITY & STATE
	TYPE OF BUSINESS	YOUR TITLE	NAME & TITLE OF YOUR SUPERVISOR
	PHONE NUMBER OF YOUR SUPERVISOR		
	DUTIES: DESCRIBE THE NATURE OF THE WORK PERSONALLY PERFORMED BY YOU		
	REASON FOR LEAVING:		
LENGTH OF SERVICE FROM Mo. ____ Yr. ____ To Mo. ____ Yr. ____ TOTAL: Yrs. ____ Mos. ____ Total Hours Per Week Week ____ Hrs. ____	NAME OF AGENCY	ADDRESS	CITY & STATE
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	TYPE OF BUSINESS	YOUR TITLE	NAME & TITLE OF YOUR SUPERVISOR
	PHONE NUMBER OF YOUR SUPERVISOR		
	DUTIES: DESCRIBE THE NATURE OF THE WORK PERSONALLY PERFORMED BY YOU		
	REASON FOR LEAVING:		

EDUCATION IF CREDIT IS CLAIMED FOR A PARTIALLY COMPLETED COLLEGE CURRICULUM OR CORRESPONDENCE COURSES, ATTACH A TRANSCRIPT OR LIST OF COURSES AND CREDIT OR SEMESTER HOURS COMPLETED AND INDICATE HOW MANY CREDIT HOURS OR COURSES ARE REQUIRED FOR GRADUATION.

CHECK THE HIGHEST GRADE YOU COMPLETED IN GRAMMAR SCHOOL – 1 2 3 4 5 6 7 8

	NAME OF SCHOOL AND CITY IN WHICH IT IS LOCATED	DAY OR NIGHT	FULL OR PART TIME	NO. OF YEARS CREDITED	DID YOU GRADUATE	TYPE OF COURSE OR MAJOR SUBJECT	NO. OF COLLEGE CREDITS REC'D	DEGREE REC'D
HIGH SCHOOL								
COLLEGE UNIVERSITY, PROFESSIONAL OR TECH. SCHOOL								
OTHER COURSES OR SPECIAL COURSES								

IF YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA, INDICATE ISSUING GOVERNMENTAL AGENCY _____ NUMBER _____ ISSUING AGENCY: _____

TRAINING (ENTER MOST RECENT)	EXPIRATION DATE	INSTRUCTING AGENCY & LOCATION	CERTIFICATION NUMBER
FIRST AID			
C.P.R.			
FIRST RESPONDER			
E.M.T			
ADVANCED EMT LEVEL _____			
ACLS			
PALS			
BTLS/PHTLS			
RN			
OTHER (MILITARY, PROFESSIONAL)			

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES NO
 SERVICE BRANCH _____ FINAL RANK _____
 DATE ENTERED ____/____/____ DATE SEPARATED ____/____/____

WERE YOU EVER DISMISSED FROM ANY EMPLOYMENT YES NO
 FOR DISCIPLINARY REASONS? (If answer is YES, give full particulars)

IF A JOB OFFER IS MADE, CAN YOU PROVIDE EVIDENCE OF AUTHORIZATION TO WORK IN THE UNITED STATES? YES NO

DO YOU HAVE A VALID NYS DRIVER'S LICENSE? _____ COMMENTS _____
 IF YES: _____
 TYPE: _____
 CLASS: _____
 LIST ALL TRAFFIC VIOLATIONS _____
 WITHIN THE LAST 3 YEARS: _____

List name and telephone number of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you:

Name: _____ Phone: _____ Yrs. Known: _____

Name: _____ Phone: _____ Yrs. Known: _____

Name: _____ Phone: _____ Yrs. Known: _____

Employer Use:

***** NOTICE TO APPLICANTS *****

THIS IS A DRUG FREE WORKPLACE. ALL APPLICANTS AND EMPLOYEES ARE SUBJECT TO SUBSTANCE ABUSE TESTING AS A CONDITION OF HIRING AND CONTINUED EMPLOYMENT. THIS IS FOR ALL SAFETY SENSITIVE EMPLOYEES COVERED UNDER THE FAA REGULATIONS 14 CFR PARTS 121, 135 AND 49 CFR PART 40.

Drugs Tested for: Marijuana, cocaine, PCP, Opiates and Amphetamines

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination of employment from Mercy Flight, Inc. (Employer) if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Mercy Flight, Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I understand that as a condition of continuous employment, I am subject to taking drug and alcohol tests, when given in accordance with company policies and procedures and that refusal to take drug and alcohol tests will be grounds for immediate termination of employment.

I give Mercy Flight, Inc. the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Mercy Flight, Inc. and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

Mercy Flight, Inc. is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law. All applicants will be considered for employment equally, without regard to their race, color, sex, sexual orientation, religion, national origin, veteran status or disability as provided in the Americans With Disabilities Act.

This application is current for only 60 days. After 60 days, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application. Receipt of this application does not imply that the applicant will be employed.

Signature of Applicant: _____ **Date:** ____/____/____