

FEDERAL TAX CREDIT
ELIGIBILITY SCREENING FORM

Name _____	SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address _____	City/State/Zip _____											
Phone Number _____	Job Title _____											

This worksheet will be used to determine if your potential employer may be eligible for income tax benefits. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Please read the following statements, then check the appropriate box and sign where provided at the bottom of this form.

- 1) I am under the age of 25 AND I have not attended a high school, technical school or college for more than 10 hours per week or been regularly employed in the last 6 months
- 2) I was unemployed or I worked less than 40 hours during the previous 60 days
- 3) I am a Veteran of the U. S. Armed Forces AND EITHER
 - a. A member of a family that received Food Stamps in 3 of the last 15 months,
 - b. a veteran entitled to compensation for a service-connected disability, or
 - c. unemployed for at least 6 of the last 12 months
- 4) I am a member of a family that received Food Stamps for the last six months (or at least 3 of the last 5 months and we are no longer receiving them)
- 5) I was referred to an employer by a Vocational Rehabilitation Agency approved by a State, the Department of Veterans Affairs or an Employment Network under the Ticket to Work Program.
- 6) I am a member of a family that received TANF assistance
 - a. for any 9 months during the 18 months before I was hired,
 - b. for at least the last 18 months before I was hired, or
 - c. my family stopped being eligible for TANF assistance within the last 2 years
- 7) I was convicted of a felony or released from prison after a felony in the last 12 months.
- 8) I received Supplemental Security Income (SSI) within the last 60 days.

Please check yes if any of the above statements apply to you as of your date of application.

YES

NO

Applicant Signature: _____

Date: _____



Application for Employment

PERSONAL INFORMATION (PLEASE PRINT)			
DATE	NAME (FIRST, MIDDLE, LAST)	SSN	
STREET ADDRESS	CITY	STATE	ZIP
PHONE ()	ALT. PHONE ()	E-MAIL ADDRESS:	

REFERRAL SOURCE
<input type="checkbox"/> Walk In <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Employee <input type="checkbox"/> Other _____ <input type="checkbox"/> If referred by a current employee, please state name and area: <input type="checkbox"/> If referred by an agency, please state agency name:

POSITION DESIRED
POSITION _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Some positions might require working overtime, weekends, evenings, or holidays, is this acceptable? <input type="checkbox"/> YES <input type="checkbox"/> NO MINIMUM PAY ACCEPTABLE \$ _____ per <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR DATE AVAILABLE _____

ELIGIBILITY/HISTORY
<input type="checkbox"/> Are you eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Are you at least 18 or older? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: <input type="checkbox"/> Have you ever been excluded, debarred, suspended, or otherwise determined to be ineligible to participate as a provider or employee or agent of a provider of health care services associated with any federal, state, local, or private health care insurance program (for example, Medicare or Medicaid)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever been convicted of, plead no contest to or been the beneficiary of a plea agreement involving a criminal offense charged against you related to health care? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever been employed by Rural/Metro or any of its subsidiaries? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Please list any relatives in our employ and relationship. <input type="checkbox"/> Do you have a contract or agreement with another company that may limit your ability to perform work for Rural/Metro (e.g., a non-compete or confidentiality agreement)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever been known by any other names? If so, please list.

QUALIFICATIONS				
TYPE OF TRAINING	EXPIRATION DATE (IF ANY)	LEVEL	INSTRUCTING AGENCY (IF ANY)	CERTIFICATION # (IF ANY)
EMT				
Firefighter				
CPR				
Other				

EMPLOYMENT RECORD (Please list 3 employers, most current first. We will be contacting supervisors for references.)

COMPANY NAME	SUPERVISOR'S NAME	PHONE
STREET ADDRESS	CITY	STATE ZIP
JOB TITLE	WORK PERFORMED	REASON FOR LEAVING
DATES OF EMPLOYMENT From: To:	SALARY START \$	END \$ per <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		

COMPANY NAME	SUPERVISOR'S NAME	PHONE
STREET ADDRESS	CITY	STATE ZIP
JOB TITLE	WORK PERFORMED	REASON FOR LEAVING
DATES OF EMPLOYMENT From: To:	SALARY START \$	END \$ per <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR

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STREET ADDRESS	CITY	STATE ZIP
JOB TITLE	WORK PERFORMED	REASON FOR LEAVING
DATES OF EMPLOYMENT From: To:	SALARY START \$	END \$ per <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR

EDUCATION – HIGH SCHOOL	
NAME	LOCATION
LAST YEAR COMPLETED <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION – COLLEGE or UNIVERSITY	
NAME	LOCATION
LAST YEAR COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DEGREE/MAJOR

EDUCATION – GRADUATE SCHOOL	
NAME	LOCATION
COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE/MAJOR

PROFESSIONAL COURSES, ETC.	
PROFESSIONAL COURSES	
SPECIAL SKILLS, TRADE, SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES	

Acknowledgement of Receipt

- The information provided in this Application for Employment or disclosed by me is true and complete or to the best of my knowledge. Rural/Metro may disqualify me from consideration for employment or terminate my employment for any omissions, false and/or misleading statements made by me in connection with the application process, whenever they may be discovered.
- Upon offered employment at Rural/Metro, a consumer report will be obtained. This type of report is generally called a credit or background check and may include, but is not limited to a verification of your social security number; current and previous residences; employment and education history; character references; a criminal background check; motor vehicle records, including but not limited to traffic citations & vehicle registrations; credit history; reports from agencies verifying you have not been excluded from working within the healthcare industry (OIG) or with a federal contractor or subcontractor (EPLS); and any other information that is maintained in a public record. Any reports provided to Rural/Metro will not contain medical information. In accordance with the Fair Credit Reporting Act, by signing below I acknowledge that a consumer report will be obtained and I release any facility from all liability for disclosing such information to Rural/Metro.
- Upon offered employment at Rural/Metro a substance abuse test is required. By signing below I acknowledge that this is a term of employment.
- Any offer of employment extended by Rural/Metro is contingent upon:
 1. passing a pre-employment substance abuse test;
 2. completion of a consumer report authorization and with satisfactory results. (Certain positions may have additional pre-employment requirements, which will be discussed with you during the application process.); and
 3. acknowledgement of Rural/Metro's Employee Handbook; Person to Person Program; HIPAA Handbook; and the completion of Corporate Compliance Training and Statement of Understanding.

PRINT APPLICANT NAME

APPLICANT SIGNATURE

DATE

Rural/Metro Corporation and federal and state laws prohibit discrimination on the basis of race, color, religion, national origin, sex, age, or disability.



Applicant EEO Data Sheet

Rural/Metro is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Rural/Metro invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Any information obtained will be kept confidential and will only be used in accordance with applicable federal laws and regulations.

PLEASE PRINT			
DATE	POSITION	LOCATION	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SSN		NAME (FIRST, MIDDLE, LAST)	
STREET ADDRESS		CITY	STATE ZIP

RACE/ETHNIC ORIGIN (Check One Only)	
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish cultures or origin regardless of race.
<input type="checkbox"/> White (Not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian (Not Hispanic or Latino)	A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	A person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races.