

EMPLOYMENT HISTORY

Previous Employer _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Salary: _____ Employed From : _____ To: _____
 Reason For Leaving: _____
 Description Of Duties And Responsibilities: _____

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EMERGENCY CONTACTS

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>

REFERENCES

<i>Name</i>	<i>Address & Telephone #</i>	<i>Occupation</i>

I AFFIRM THAT ALL INFORMATION ON THIS SHEET IS TRUE AND COMPLETE; I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HERE IN. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR MAY BE CAUSE FOR DISMISSAL OR GROUNDS FOR REFUSAL OF EMPLOYMENT, I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARD AND/OR REGULATIONS MAY BE GROUNDS FOR DISMISSAL. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, BY THE COMPANY OR BY MYSELF. NO REPRESENTATION TO THE CONTRARY HAS BEEN MADE TO ME AND I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE SUCH A REPRESENTATION.

IT IS THE POLICY OF THIS COMPANY TO HIRE ONLY THOSE WHO ARE LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE PROVISIONS OF THE IMMIGRATION REFORM AND CONTROL ACT OF 1986; ALL EMPLOYEES WILL BE REQUIRED TO PROVIDE DOCUMENTS TO VERIFY EMPLOYMENT ELIGIBILITY PRIOR TO BEGINNING WORK.

******* I AFFIRM THAT I HAVE RECEIVED THE JOB DESCRIPTION FOR THE ABOVE-MENTIONED POSITION DESIRED. *******

Signature

Date

COVID-19 RISK ASSESSMENT QUESTIONNAIRE for Visitors, Vendors, Contractors, Customer Personnel, & Sub Contractors

Novel Coronavirus (COVID-19) outbreaks are occurring all over the world. The current outbreak has affected all of us and continues to increase around the world.

Keppel AmFELS is conducting this questionnaire to inquire about any potential exposures to the Novel Coronavirus and to ask about any symptoms of illness experienced since 1) arrival of your most recent overseas flight, travel within the U.S. or 2) recovering from your most recent illness 3) or any recent contact with anyone who visited any overseas country or city in the U.S.

Please understand that the purpose of this screening is to allow early identification of individuals who might have been exposed to the COVID-19 in order to monitor for potential illness and direct you to early medical care if needed. Questionnaire is confidential. Information provided will be reviewed by a Nationally Registered EMT and securely stored at the HSE Department. These measures will protect you and prevent the spread of the virus into the workforce and community.

For all incoming visitors, vendors, contractors, customer personnel or sub-contractors, please forward completed form **only** to Arnold Rodriguez NREMT, at Arnold.Rodriguez@keppelamfels.com as component of the clearance process.

SECTION I: INFORMATION

1. Full name: _____
2. Date of Birth (MM/DD/YYYY): ____/____/____
3. Gender: Male _____ Female _____
4. Contact Phone Number: _____
5. Within the past 14 days have you been practicing social distancing or any other precautions to avoid contacting the COVID-19 virus including the usage of PPE? Please specify.

6. Within the past 14 days have you traveled within the U.S. or Overseas? If yes, please identify all destinations visited. Add information to section two if applicable.

7. Within the past 14 days have you been in contact with anyone who has had fever, cough, high temperature, flu, or COVID-19? If so, please specify.

8. Within the past 14 days have you suffered any of these symptoms: cough, runny nose, high temperature, diarrhea, difficulty breathing, loss of smell/taste, pressure to the chest or other? If so, please specify.

9. Regarding question 8, were you treated by a doctor for the symptoms noted on question 8? If yes, please describe diagnosis.

SECTION II: If you answer yes to question 6 please fill out info below:

What countries, cities, & airports did you visit within the past 14 days.

Country	City & Airport	Date Arrived	Date Departed
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		/ /	/ /

SECTION III: Declaration

I hereby declare that the information above is true, accurate and to the best of my knowledge.

Print Name

Date Signed

Signature