

# APPLICATION FOR EMPLOYMENT SAFETY SENSITIVE POSITIONS\*

**Note to Applicant:** Please advise us in advance if you require an accommodation to complete this application.

We are an Equal Employment Opportunity employer. We do not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

As a matter of policy and for the safety of the communities we serve, background checking standards are consistently applied to all applicants. It is essential that all information requested, including educational background, work, criminal (as permitted by law) and residential history, be complete and accurate.

**Instructions:** Please type or print in black or blue ink. Answer all questions, checking all boxes that apply. Answer "none" on questions that do not apply. Additional forms are available for each section, if needed.

**Date:**     /     /

GENERAL INFORMATION					
<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Date of Birth:</b> /     / <small>required by FMCSR Part 391.21 (b) (2)</small>		
<b>Present Address:</b> Street		City	County	State	Zip
<b>Telephone Number and Area Code:</b> Primary (     )     Secondary (     )		<b>Email address:</b>		<b>If hired, can you present evidence of your legal right to work in the US?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>List any other names that you have used in the past 10 years</b>					
Name Used	City	County	State	From / To	
<b>List all addresses for the past 10 years</b>					
Street	City	County	State	Zip	How long? (mo/yr)

<b>Have you ever been fired or asked to resign by an employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, explain:</b>				
<b>What position are you applying for?</b>	<b>Minimum salary / wage requirement:</b>	<b>Social Security Number:</b> -     - <small>required by FMCSR Part 391.21 (b) (2)</small>			
<b>How were you referred to our company?</b>	<input type="checkbox"/> Banner <input type="checkbox"/> Flyer <input type="checkbox"/> Print Ad <input type="checkbox"/> On-line Ad <input type="checkbox"/> Radio/TV Ad <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Job Fair <input type="checkbox"/> Community Organization <input type="checkbox"/> Employee referral-Name: <input type="checkbox"/> Other				
<b>Have you ever worked for our company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>In what position?</b>			<b>When?</b>	
<b>If hired, what date are you available to start work?</b> /     /	<b>Are you applying for:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			<b>Are you able to work:</b> <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	

**\*For all positions that will be driving a revenue vehicle, or where a CDL is required**  
Note: A pre-employment drug test is required for employment.

**Equal Opportunity Employer that values diversity**



IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER		
Dates:		Reason:
From:	To:	

**CRIMINAL CONVICTION HISTORY**

We strive to provide a safe environment for our employees, the community, and the patrons we transport. For these reasons, all applicants must provide a complete adult criminal conviction record *subject to federal and state mandated restrictions*. This includes any conviction and/or criminal charge where the final disposition is still pending. Please note that a criminal conviction history will not necessarily disqualify an applicant from employment. Factors such as age, seriousness and nature of the violation as it relates to the applicable position shall be considered.

**Massachusetts & City of Philadelphia Applicants: DO NOT COMPLETE THE "CRIMINAL HISTORY PORTION OF THIS APPLICATION.**

Date of conviction or pending charge MM / YYYY	Location of conviction or pending charge City, State	Name of court
/		
Mark appropriate box	Nature of conviction or pending charge	
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Pending Charge		
Date of conviction or pending charge MM / YYYY	Location of conviction or pending charge City, State	Name of court
/		
Mark appropriate box	Nature of conviction or pending charge	
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Pending Charge		
Date of conviction or pending charge MM / YYYY	Location of conviction or pending charge City, State	Name of court
/		
Mark appropriate box	Nature of conviction or pending charge	
<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Pending Charge		

**LICENSE INFORMATION**

State	License #	Type	Expiration date
A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Has any license, permit or privilege ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.	Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Have you in the past three (3) years failed or refused a DOT-mandated pre-employment test(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If "YES" to any of the above, explain:</b>			
<b>How many years of driving experience do you have?</b>		<input type="checkbox"/> Less than 3 years <input type="checkbox"/> 3 years or more	

### DRIVING EXPERIENCE

	Class of equipment	Type of equipment (van, tank, flat, etc.)	Dates		Approximate total number of miles
			From	To	
Straight Truck					
Auto or Van					
Bus					
Other _____					
List all states where you have held a CDL in the last five years:					
List special driving courses or training you have received:					
What driving awards have you received? From whom?					
Have you had experience supervising children or vulnerable adults? Explain:					
Have you ever driven a bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what company or school district?		Dates:		Salary / pay rate:

### ACCIDENT REVIEW FOR PAST 3 YEARS

	Date	Nature of accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries (other than yourself)
Last collision				
Next previous				
Next previous				

### TRAFFIC CITATIONS / CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

Location	Date	Charge	Penalty

### TECHNICIAN / MECHANIC APPLICANTS ONLY

Type of experience	Length of experience	Type of experience	Length of experience
Engine tune-up; Diesel		Air Brakes / Steering	
Engine tune-up; Gas		Brakes / Steering	
Electrical Systems		Lubrication	
Clutch & Transmission-Truck		Tire repair	
Inspection License Class		Do you own your own shop tools? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List current ASE's:			
Describe your diagnostic experience:			
List any other skills which are relevant to the position you seek:			

### ADDITIONAL QUALIFICATIONS

Briefly summarize any additional qualifications you believe are important

**APPLICANT'S STATEMENT AND RELEASE**

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment document are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, may result in termination of my candidacy or any subsequent employment.

I authorize the Company and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA).

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

<b>Applicant Name:</b>		<b>Date:</b>	
<b>Applicant Signature:</b>			

**Note: This Application for Employment will be considered active for 90 calendar days.**

<b>INTERNAL USE ONLY</b>		
Individual receiving & reviewing application:	Title:	Date:

# Voluntary Disclosure Form

Date \_\_\_\_\_

Regulations of the Equal Employment Opportunity Commission (EEOC) and the Office of Federal Contract Compliance Programs (OFCCP) require employers to compile data regarding the nature and makeup of their work forces in order to further the goals of Title VII of the Civil Rights act of 1964 as amended. Your responses to the following questions will help us comply with this requirement.

**Completion of this questionnaire is entirely voluntary.** Should you opt to complete the questionnaire, your response will be used solely for the purposes of preparing reports required by the EEOC. Your response will be kept confidential, and will play no part in our evaluation of your suitability for employment, employment performance or status. The completed questionnaire will be kept separate from your application, and any subsequent personnel file.

We appreciate your assistance.

Position applied for (indicate only one position per form): \_\_\_\_\_

Last 4 digits of Social Security Number: XXX-XX-

### SEX (check one)

Male (M)  Female (F)

### GROUP STATUS (check one)

1.  Hispanic or Latino (Cuban, Mexican Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
2.  White (Not Hispanic or Latino)
3.  Black or African American (Not Hispanic or Latino)
4.  Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
5.  Asian (Not Hispanic or Latino)
6.  American Indian or Alaska Native (Not Hispanic or Latino)
7.  Two or More Races (Not Hispanic or Latino)

### REFERRAL SOURCE (check one)

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> Mail in           | 4. <input type="checkbox"/> Employee Referral | 7. <input type="checkbox"/> Intra Company Referral |
| 2. <input type="checkbox"/> Employment Agency | 5. <input type="checkbox"/> Advertisement     | 8. <input type="checkbox"/> College Recruiting     |
| 3. <input type="checkbox"/> Walk in           | 6. <input type="checkbox"/> State Agency      | 9. <input type="checkbox"/> Other _____            |

### FOR OFFICE USE ONLY

Company Job Title \_\_\_\_\_

EEO Group Status:  1  2  3  4  5  6  7

EEO Job Group:  1  2  3  4  5  6  7  8  9  10

Location/Department Name \_\_\_\_\_ Location Code \_\_\_\_\_

Job Group Key: 1. Exec / Sr. Mgrs. 2. First/Mid Level Mgrs. 3. Professionals 4. Technicians (requiring post secondary education). 5. Sales Workers 6. Admin. Support Workers 7. Craft Workers (includes mechanics) 8. Operatives (includes bus drivers) 9. Laborers & Helpers 10. Service Workers

**An Equal Opportunity Employer That Values Diversity**