



Application for Employment

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, we consistently apply background checking standards to all applicants. It is essential that all information requested, including educational background, work, criminal 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.

GENERAL INFORMATION					
Last Name	First	Middle	Date of Application: / /		
Present Address: Street	City	County	State	Zip	From? (mo/ yr)
Telephone Number and Area Code: Primary () Secondary ()		Email address:		If hired, can you present evidence of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any other names that you have used in the past 7 years					
Name Used	City	County	State	From / To	
List all addresses for the past 7 years					
Street	City	County	State	From (mo/yr)	To (mo/yr)

Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			
What position are you applying for?		Minimum salary / wage requirement:			
How were you referred to our company?	<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				
Have you ever worked for our company in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?			When?	
Have you applied to our company in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?			When?	
If hired, what date are you available to start work? / /	Would you accept employment in another city? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Are you able to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	

We are an Equal Opportunity Employer that values diversity
 Note: A pre-employment drug test and criminal history check are required for employment

IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER THAT HAVE OCCURRED IN THE PAST 5 YEARS

(Information is used for confirming work history. You need not be currently employed at the time of application to be eligible for hire)

Dates:		Reason:
From:	To:	

CRIMINAL CONVICTION HISTORY

We strive to provide a safe environment for our employees, the communities we support, and the patrons we transport. For these reasons, all applicants must provide a complete adult criminal conviction record *subject to federal, state and/or locally 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.

REFER TO FORM HRF-046, ATTACHED, FOR STATE MANDATED RESTRICTIONS REGARDING DISCLOSURE OF CRIMINAL CONVICTION HISTORY.

MASSACHUSETTS, CITY OF PHILADELPHIA, PA & CITY OF NEWARK, NJ 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 <input type="checkbox"/> Misdemeanor (inclusive of ordinance and "summary" convictions) <input type="checkbox"/> Felony <input type="checkbox"/> Pending Charge		Nature of conviction or pending charge

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

ADMINISTRATIVE SUPPORT APPLICANTS ONLY

Type of experience	Length of experience	Type of experience	Length of experience
AP / AR		Microsoft Excel	
Multi-line phone system		Microsoft Word	
Typing / keyboarding	WPM:	Microsoft Outlook	
10-key calculator	Accuracy:	Microsoft PowerPoint	
List any other skills which are relevant for the position you seek:			

COMPUTER EXPERIENCE

Software & Hardware (PC or platforms)	Length of experience	Skill level (beginner, moderate, expert)

ADDITIONAL QUALIFICATIONS

Briefly describe any other relevant qualifications

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.

If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for any specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the President of the Company or his or her designee.

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.

***Note to Maryland Applicants: Initial _____ I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

***Note to Massachusetts' Applicants: Initial: _____ I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.**

***Note to New York Applicants: Initial: _____ I have received a printed copy of the New York Correction Law; Article 23-A.**

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.

Applicant Name:		Date:	
Applicant Signature:			

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

INTERNAL USE ONLY

Individual receiving & reviewing application:	Title:	Your location #:	Date:

APPLICANT DISPOSITION:

<input type="checkbox"/> A. Applicant withdrew from process	<input type="checkbox"/> H. Conditional offer made
<input type="checkbox"/> B. Disclosure of a disqualifying event	<input type="checkbox"/> I. Falsification of application
<input type="checkbox"/> C. Cannot work required hours	<input type="checkbox"/> J. Failed reference / previous employment check
<input type="checkbox"/> D. Application reviewed—not selected	<input type="checkbox"/> K. Failed pre-employment drug test / DOT physical
<input type="checkbox"/> E. Interviewed—not selected	<input type="checkbox"/> L. Failed MVR check
<input type="checkbox"/> F. Failed pre-employment test or license requirement	<input type="checkbox"/> M. Failed criminal background check
<input type="checkbox"/> G. Does not meet minimum age requirement	<input type="checkbox"/> N. Does not meet the minimum education requirement