

Tri-Valley Transit Inc. Application for Employment

Addison Office

297 Creek Rd, Middlebury, VT 05753 Phone: 802-388-2287 Fax: 802-388-1888

Orange/N. Windsor Office 1 L St., Randolph, VT 05060

Phone: 802-728-3773 Fax: 802-728-6232

Date:			
Last Name	First	N	<i>l</i> iddle
Street Address		City	State
Mailing Address, if differ	rent		
Home Phone	Cell Phone	Email Ad	dress
Are you legally eligible f	or employment in the Unite	ed States?	
Location you are applying	ng for:		
Position you are applying	g for:	Full-time	Part-time
Please attach your resu	me and references, if avail	lable, to this application.	
		EDUCATION	
Select the last year com	pleted:		
High School		Name of School:	
College		Name of School:	
		Name of School:	
Graduate School			

PREVIOUS EMPLOYMENT

Starting with your most recent job, please list all employers you have worked for in the past 10 years. Attach additional sheets if necessary.				
1. Job Title:	_			
Dates Employed: from	to			
Company Name and Address:				
Job Duties:				
Supervisor Name and Phone Number:				
Reasons for leaving:				
2. Job Title:				
	to			
Company Name and Address:				
Job Duties:				
Supervisor Name and Phone Number:				
Reasons for leaving:				
3. Job Title:				
	to			
Job Duties:				
Supervisor Name and Phone Number:				
Reasons for leaving:				
May we contact as a reference?				
Have you ever tested positive, or refused	to test, on any pre-employment drug or alcohol test administered by did not obtain a job during the past 2 years?			

DRIVING RECORD

Α.	Driver's License Number:		State:	State:		
	Expiration Date:_	Number of	years driving:			
	Do you have a current commercial driver's license? Class:					
	If yes, do you have a) a passenger endorsement?					
	b) an air brake endorsement?					
	Is it legally in full force and effect?					
	Do you have a current medical card?		Expiration Date	Expiration Date:		
В.	Please detail your vehicular accident record for the past 3 years. Attach additional sheets if necessary.					
	Date Nature of Accident (head-on, rear-end, upset, etc.)					
1						
2						
3						
	Please detail all o	f your traffic convictions for the sheets if necessary.		nclude parking violations.		
	Date	Location	Charge	Penalty		
1						
2						
3						
		en denied a license, permit, or		rehicle?		
	If yes, please atta	ach a statement to this applicati	on providing details.			
Ε.	Has your license, permit, or privilege ever been suspended or revoked?					
	If yes, please atta	ach a statement to this applicati	on providing details.			
F. Have you ever received any safe driving awards?						
	If yes, please det					
G.		any out-of-state addresses whe	•	ten (10) years:		
		ess:Did		n this state?		
	Address:					
	Dates at this addre			_		

Please attach any additional addresses on a separate sheet.

NOTE: TVT may require you to provide a copy of your complete driving record from these states. If TVT requires these documents, TVT will reimburse the cost of the record.

If employment is offered to you, TVT will perform a pre-employment drug test and a set of background checks including, but not necessarily limited to, those listed below. Any final employment offer is contingent upon the results of these checks.

- Driving Record
- State Criminal Record(s)
- Adult and Child Abuse Registries
- Medicaid Fraud
- National Background Check

How did you hear of our opening?	
Company website Recruiter Social media Radio/TV ad Employee/Volunteer referral – Name Print Ad – Name of publication Other – Please explain:	
To Be Read and Sign	IED BY APPLICANT
I hereby grant Tri-Valley Transit Inc. permission to in- history through any investigative or credit agencies or	
I hereby grant Tri-Valley Transit Inc. permission to cogrant such references full permission to speak truthful	
I acknowledge and agree that in connection with any submit to a medical examination, including pre-emploassigned by Tri-Valley Transit Inc.	
I hereby warrant that the foregoing answers are true in immediately from the employ of Tri-Valley Transit Inc. on this application be found inaccurate, misleading, or	should any one of my statements or answers
Failure to provide full and accurate information or immediate termination of employment.	n this application will be grounds for
Signature	Date
Name (printed)	