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

Washington County Office
6088 VT-12
Berlin, VT 05602
Phone: 802-233-7287
Fax: 802-864-5564

Date: _____

Last Name First Middle

Street Address City State

Mailing Address, if different

Home Phone Cell Phone Email Address

Are you legally eligible for employment in the United States?

Location you are applying for: Select One

Position you are applying for: _____ Full-time _____ Part-time _____

Please attach your resume and references, if available, to this application.

EDUCATION

Select the last year completed:

High School select one Name of School: _____

College select one Name of School: _____

Graduate School select one Name of School: _____

Other Schooling: _____

Please list relevant training or courses that you have completed and/or certificates held: _____

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:_____

May we contact as a reference?_____

2. Job Title:_____

Dates Employed: from_____ to_____

Company Name and Address:_____

_____

Job Duties:

Supervisor Name and Phone Number:_____

Reasons for leaving:_____

May we contact as a reference?_____

3. Job Title:_____

Dates Employed: from_____ to_____

Company Name and Address:_____

_____

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 an employer to which you applied for, but did not obtain a job during the past 2 years? _____

DRIVING RECORD

A. Driver's License Number:_____ 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: _____

B. 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._____

C. Please detail all of your traffic convictions for the past 3 years. This does not include parking violations. Attach additional sheets if necessary.

Date **Location** **Charge** **Penalty**

1._____

2._____

3._____

D. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?_____

If yes, please attach a statement to this application providing details.

E. Has your license, permit, or privilege ever been suspended or revoked?_____

If yes, please attach a statement to this application providing details.

F. Have you ever received any safe driving awards?_____

If yes, please detail dates and types of awards:_____

_____

_____

G. Please list below any out-of-state addresses where you have lived in the last ten (10) years:

Address: _____

Dates at this address: _____ Did you have a driver's license in this state? _____

Address: _____

Dates at this address: _____ Did you have a driver's license in this state? _____

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 SIGNED BY APPLICANT

I hereby grant Tri-Valley Transit Inc. permission to investigate my personal, financial, and credit history through any investigative or credit agencies or bureaus of its choice.

I hereby grant Tri-Valley Transit Inc. permission to contact any references I have given, and also grant such references full permission to speak truthfully and in detail about me.

I acknowledge and agree that in connection with any conditional offer of employment, I may have to submit to a medical examination, including pre-employment drug and alcohol testing by a physician assigned by Tri-Valley Transit Inc.

I hereby warrant that the foregoing answers are true in every particular, and I further agree to resign immediately from the employ of Tri-Valley Transit Inc. should any one of my statements or answers on this application be found inaccurate, misleading, or incomplete.

Failure to provide full and accurate information on this application will be grounds for immediate termination of employment.

_____ _____
Signature Date

_____
Name (printed)