

**DRIVER'S
APPLICATION FOR EMPLOYMENT**

Company Transit Connection, Inc.

Address MV Airport Business Park

R. R. 1 Box 3

City Edgartown State MA Zip 02539

(answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied for _____ Date of Application _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____

Street _____ City _____
Phone _____ How Long? _____

Previous Addresses _____
State _____ Zip Code _____

Street _____ City _____
How Long? _____

State _____ Zip Code _____

Street _____ City _____
How Long? _____

State _____ Zip Code _____

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? ___ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

EMPLOYER			DATE	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

EMPLOYER			DATE	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

EMPLOYER			DATE	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

EMPLOYER			DATE	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

EMPLOYER			DATE	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

EMPLOYER			DATE	
Name			From:	To:
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more patrons, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident Record for Past 3 Years or More (Attach Sheet if More Space is Needed) If None, Write None

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

Traffic Convictions and Forfeitures for the Past 3 Years (Other than Parking Violations) If None, Write None

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____

(Name)

(City)

EXPERIENCE AND QUALIFICATIONS – DRIVER
LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE If None, Write None

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approx. No. of Miles (Total)
Straight Truck _____	_____	_____	_____	_____
Tractor and Semi _____	_____	_____	_____	_____
Tractor – Two Trailers _____	_____	_____	_____	_____
Motorcoach-School Bus _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List special Equipment or technical materials you can work with (Other than those already shown)

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date _____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____

(If rejected, summary report of reasons should be placed in file)

**This Section To Be Filled In By Responsible
Officer Or Company Representative**

	Superior	Good	Fair	Below Average	Poor	ROF
1. Application	_____	_____	_____	_____	_____	_____
2. Interview	_____	_____	_____	_____	_____	_____
3. Past Employment	_____	_____	_____	_____	_____	_____
4. Written Exam	_____	_____	_____	_____	_____	_____
5. Road Test	_____	_____	_____	_____	_____	_____
6. Criminal and Traffic Convictions	_____	_____	_____	_____	_____	_____

Signature of Interviewing Officer _____
