



## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability, or genetic information.

**Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**List your addresses of residency for the past three years.**

**Current Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number/Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Previous Addresses**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

■ If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

■ Have you ever filed an application or been employed by Advance Transit before? Yes No  
If yes, give date(s).

■ Are you legally able to work in the United States? (*Proof of Citizenship or Immigration status will be required upon employment.*) Yes No

■ On what date would you be available to work? \_\_\_\_\_

■ Are you currently on "layoff" status and subject to recall? Yes No

\_\_\_\_\_

**Education      Name and Location      Course of Study      # of Years Completed      Diploma/Degree**  
**High School:**

College:

Vocational/Trade School:

Graduate School:

Other:

**Employment Experience**

Start with your present or your last job-related military service assignments and volunteer activities. You may exclude organizations which include race, color, religion, gender, national origin, disabilities or other protected status.

1) Employer:

Dates Employed: From:      To:

Work Performed:

Address: Telephone Number(s):

Supervisor:

Reason for Leaving:

Job Title:

Were you subject to Federal Motor Carrier Safety Regulation with the Employer?

Yes      No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing with this employer?      Yes      No

2) Employer:

Dates Employed: From:

Work Performed:

Address: Telephone Number(s):

To: Supervisor:

Reason for Leaving:

Job Title:

Were you subject to Federal Motor Carrier Safety Regulation with the Employer?

Yes      No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing with this employer?      Yes      No

3) Employer:

Dates Employed: From:

Work Performed:

Address: Telephone Number(s):

To: Supervisor:

Reason for Leaving:

Job Title:

Were you subject to Federal Motor Carrier Safety Regulation with the Employer?

Yes      No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing with this employer?      Yes      No

4) Employer:

Dates Employed: From:

Work Performed:

Address: Telephone Number(s):

To: Supervisor:

Reason for Leaving:

Job Title:

Were you subject to Federal Motor Carrier Safety Regulation with the Employer?

Yes      No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing with this employer?      Yes      No

*If you need more space please continue on a separate sheet of paper.*

**References**

1) Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

**To be read and Signed by the Applicant:**

I certify that this application was completed by me, and that all entries and information contained herein are true and complete to the best of my knowledge.

I understand and acknowledge that , unless defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_