



# Advance Transit, Inc. Ride with Us!

PO. Box 1027, Wilder, VT 05088 • 802-295-1824 • Fax 802-295-3010 • AdvanceTransit.com

## 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 3 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 \_\_\_\_\_

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**Education**

| <u>Name</u> | <u>Location</u> | <u>Course of Study</u> | <u># of Years</u> | <u>Completed Diploma/Degree</u> |
|-------------|-----------------|------------------------|-------------------|---------------------------------|
|-------------|-----------------|------------------------|-------------------|---------------------------------|

High School: \_\_\_\_\_

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Vocational School/Trade

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College

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Graduate School

|   |     |    |
|---|-----|----|
| Have you served in the Military or are you serving in the Reserve or Guard ?<br>If yes, what Branch and what is/was your position or role in the Military?<br><br>_____ | Yes | No |
|---|-----|----|

Have you ever filed an application or been employed by us before?  
If yes, give date(s)

Yes No

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

### 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

Note to Driver Applicants: The Department of Transportation requires that employment for at least three years and Commercial Driving Experience for the past ten years be shown.

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|            |  |                     |
|------------|--|---------------------|
| Employer:  | Dates Employed:<br>From: _____ To: _____ | Work Performed:     |
| Address:   | Telephone Number(s): _____               |                     |
| Job Title: | Supervisor:                              | Reason for Leaving: |

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|  |   |
|--|---|
| Were you subject to Federal Motor Carrier<br>Safety Regulations with the Employer?<br>Yes No | Was your job designated as a safety sensitive function<br>In any DOT regulated mode subject to drug & alcohol<br>testing with this employer? Yes No |
|--|---|

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|            |  |                     |
|------------|--|---------------------|
| Employer:  | Dates Employed:<br>From: _____ To: _____ | Work Performed:     |
| Address:   | Telephone Number(s): _____               |                     |
| Job Title: | Supervisor:                              | Reason for Leaving: |

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|  |   |
|--|---|
| Were you subject to Federal Motor Carrier<br>Safety Regulations with the Employer?<br>Yes No | Was your job designated as a safety sensitive function<br>In any DOT regulated mode subject to drug & alcohol<br>testing with this employer? Yes No |
|--|---|

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|------------|--|---------------------|
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| Address:   | Telephone Number(s): _____               |                     |
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|--|---|
| Were you subject to Federal Motor Carrier<br>Safety Regulations with the Employer?<br>Yes No | Was your job designated as a safety sensitive function<br>In any DOT regulated mode subject to drug & alcohol<br>testing with this employer? Yes No |
|--|---|

|                        |  |                     |
|------------------------|--|---------------------|
| Employer:              | Dates Employed:<br>From: _____ To: _____ | Work Performed:     |
| Address:<br>Job Title: | Telephone Number(s):<br>Supervisor:      | Reason for Leaving: |

Were you subject to Federal Motor Carrier  
Safety Regulations with the Employer?  
Yes No

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

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

**Experience and Qualifications – To be completed by Driver applicants**

**Driver Licenses**

| State | License Number | Type | Expiration Date |
|-------|----------------|------|-----------------|
|       |                |      |                 |
|       |                |      |                 |
|       |                |      |                 |

**Driving Experience**

| Classes of Equipment   | Type of Equipment<br>(Van, Tank, Flat, etc.) | Dates |    | Approximate Number of Miles<br>(Total) |
|------------------------|--|-------|----|--|
|                        |  | From  | To |  |
| Straight Truck         |  |       |    |  |
| Tractor & Semi-Trailer |  |       |    |  |
| Tractor-Two Trailers   |  |       |    |  |
| Other                  |  |       |    |  |

**Accident Record for Past 3 Years or More**

(Attach sheet if more is needed)

| Date                     | Nature of Accident<br>(Head-on, Rear-end, Upset, etc.) | Fatalities | Injuries |
|--------------------------|--|------------|----------|
| <u>Last Accident</u>     |  |            |          |
| <u>Previous Accident</u> |  |            |          |
| <u>Previous Accident</u> |  |            |          |
| <u>Previous Accident</u> |  |            |          |

**Traffic Convictions and Forfeitures for Past 3 Years (other than parking violations)**

| <b>Location</b> | <b>Date</b> | <b>Charge</b> | <b>Penalty</b> |
|-----------------|-------------|---------------|----------------|
|                 |             |               |                |
|                 |             |               |                |
|                 |             |               |                |

Have you been denied a license, permit or privilege to operate a motor vehicle?    Yes    No  
Has any license, permit or privilege ever been suspended or revoked?                      Yes    No

If the answer to either of the above questions is yes, please attach a statement giving details.

**References**

1. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

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