



297 Creek Road
Middlebury, Vermont 05753

Phone: 802-388-2287
Fax 802-388-1888

APPLICATION FOR EMPLOYMENT

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? _____

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

How did you learn of this opening? _____

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

EDUCATION

Circle the last year completed:

High School 1 2 3 4 Name of School: _____

College 1 2 3 4 Name of School: _____

Graduate School 1 2 3 4 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: ACTR may require you to provide a copy of your complete driving record from these states. If ACTR requires these documents, ACTR will reimburse the cost of the record.

If employment is offered to you, ACTR will perform 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.

- **Department of Motor Vehicles**
- **Vermont Criminal Records**
- **Adult and Child Abuse Registry**
- **Medicaid Fraud**
- **National Background Check (for findings in other states)**

TO BE READ AND SIGNED BY APPLICANT

I hereby grant Addison County Transit Resources permission to investigate my personal, financial, and credit history through any investigative or credit agencies or bureaus of its choice.

I hereby grant Addison County Transit Resources 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 ACTR.

I hereby warrant that the foregoing answers are true in every particular, and I further agree to resign immediately from the employ of ACTR 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)