Tri-Valley Transit Inc. Application for Employment

ACTR
297 Creek Rd, Middlebury, VT 05753
Phone: 802-388-2287 Fax: 802-388-1888

STSI
1 L St., Randolph, VT 05060
Phone: 802-728-3773 Fax: 802-728-6232

Date: ____________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
</tr>
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<tbody>
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<td></td>
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</table>

Mailing Address, if different

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Are you legally eligible for employment in the United States? ______________________________________________________________________

Location you are applying for (circle one):  Bradford          Middlebury          Randolph

Position you are applying for: ___________________ Full-time ________ Part-time________

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

EDUCATION

Circle the last year completed:

<table>
<thead>
<tr>
<th>High School</th>
<th>College</th>
<th>Graduate School</th>
<th>Other Schooling</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4</td>
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</tbody>
</table>

Name of School: __________________________

Name of School: __________________________

Name of School: __________________________

Name of School: __________________________

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

| ______________________________________ |
| ______________________________________ |
| ______________________________________ |
| ______________________________________ |

Revised April 15, 2020
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? __________________________

Revised April 15, 2020
### Driving Record

#### A. Driver’s License Number:

<table>
<thead>
<tr>
<th>State:</th>
<th>Expiration Date:</th>
<th>Number of years driving:</th>
</tr>
</thead>
</table>

Do you have a current commercial driver’s license? 

- [ ] Yes
- [ ] No

If yes, do you have:

- [ ] a passenger endorsement?
- [ ] an air brake endorsement?

Is it legally in full force and effect?

<table>
<thead>
<tr>
<th>Do you have a current medical card?</th>
<th>Expiration Date:</th>
</tr>
</thead>
</table>

#### B. Please detail your vehicular accident record for the past 3 years. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of Accident (head-on, rear-end, upset, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Charge</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</table>

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

- [ ] Yes

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

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

- [ ] Yes

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

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

- [ ] Yes

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:

<table>
<thead>
<tr>
<th>Address:</th>
<th>Dates at this address:</th>
<th>Did you have a driver’s license in this state?</th>
</tr>
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</table>

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.

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

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. (dba ACTR/Stagecoach) 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. (dba ACTR/Stagecoach) 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. (dba ACTR/Stagecoach).

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. (dba ACTR/Stagecoach) 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)