Application for Employment



Equal access to programs, services and employment is availbale to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for:			I	Date of application _		-	
Name			5	Social Security #		_	
AddressStreet	First	Mido	dle				
Telephone #	Mobile/	City	1	State E. mail Address	Zip Code		
Referral Source				E-man Address		-	
Referral Source						-	
If you are under 18 and it is red	quired, can you furnish	a work permit?			Yes No		
If no, please explain:						-	
Have you ever been employed	here before? If yes, give	date and position:			☐ Yes ☐ No		
Are you legally eligible for emp	oloyment in this country	?			Yes		
Date available for work	/ /	What is your des	sired salary range?			-	
Type of employment desired:	☐ Full Time	☐ Part Time	☐ Temporary	☐ Seasonal	☐ Educational Co-Op		
Driver's license number (If driven Answering "yes" to either of the following nature of the violation, rehabilitation at Have you ever pleaded "guilty" If yes, please provide dates and Employment History	ng questions does not constituted position applied for will be to or "no contest" to, or be details:	the job for which you an automatic bar to emparted into account.	ou're applying): ployment. Factors such as d rime?	ate of offense, seriousness a			
tarting with your most recent e	employer, provide the f	ollowing informati	ion.				
Employer Street Address	City	reteptione #	State	Dates employed:	nth Year Month Year to Compensation (starting)		
Starting job title/final job title				☐ Hourly ☐ Salar			
Immediate supervisor and title			May we contact for referen	Commissions/Bonuses/Other Conce?	Compensation (final)		
Why did you leave?			Yes No Later	☐ Hourly ☐ Salar			
Summarize the type of work performed and job respo	nsibilities.			Commissions/Bonuses/Other C	ompensation 3		
Employer		Telephone #		Dates employed:	nth Year Month Year		
Street Address	City		State	☐ Hourly ☐ Salar	Compensation (starting)		
Starting job title/final job title				Commissions/Bonuses/Other C			
Immediate supervisor and title			May we contact for referen ☐ Yes ☐ No ☐ Later	ce?	Compensation (final)		
Why did you leave?			'	Commissions/Bonuses/Other C			
Summarize the type of work performed and job responsibilities.							
Employer		Telephone #		Dates employed:	nth Year Month Year		
Street Address	City		State		Compensation (starting)		
Starting job title/final job title				☐ Hourly ☐ Salar Commissions/Bonuses/Other C			
Immediate supervisor and title			May we contact for referen ☐ Yes ☐ No ☐ Later		Compensation (final)		
Why did you leave?			L L L Jaker	Commissions/Bonuses/Other C			
Summarize the type of work performed and job recoo	a aibilisia a						

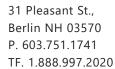
Skills and Qualifications	5					
Summarize any special training, skills, lice	enses and/or certificates the	hat may assist yo	ı in performing th	ne position for which	you are a	pplying.
Computer Skills (Check appropriate boxes. Inclu	ide software titles and years of ex	perience.)				
☐ Word Processing	Years:				Y	ears:
☐ Spreadsheet	Years:		t		Y	ears:
☐ Presentation	Years:	Other_			Y	ears:
Educational Background	d					
Starting with your most recent school atte	ended, provide the followi	ng information.				
School (Include City & State)			Years Completed	Completed GPA	М	ajor/Minor
			□ Degre		\top	
			□ Other	ficate fma	\perp	
			□ Degre	ficate		
			☐ Other ☐ Diplo ☐ Degre	ma GED		
			☐ Certii	ficate		
References						
References						
List the name and telephone number of the applicable, list three school or personal re			T related to you a	nd are NOT previous	supervis	ors. If not
		•	Relationship	Talankana		Number of
Name	Tit	1e	to You	Telephone		Years Known
Applicant Statement						
I certify that all the information I have provided in ore	der to apply for and secure work	with employer true, c	omplete and correct.			
I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.						
I understand that the employer does not unlawfully di consideration for employment on a basis prohibited b			plication is used for the	e purpose of limiting or exce	ısing any ap	pplicant from
I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employmen it will be necessary to reapply and fill out a new application.						
If I am hired, I understand that I am free to resign at any time, with or without cause and with or without notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied ora or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.						
I also understand that if I am hired, I will be required complete an I-9 Form in this regard.	to provide proof of identity and	legal authority to wor	k in the United States a	nd that federal immigration	ı laws requi	re me to
This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.						
I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.						
DO NOT SIGN UNTIL YOU HAVE REA	.D THE ABOVE APPLIC.	ANT STATEME	NT.			
I certify that I have read, fully understand	and accept all the terms of	of the foregoing A	applicant Stateme	nt.		
Signature of Applicant				Date	/	/



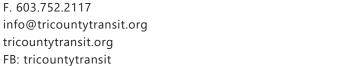
Applicant Acknowledgment of Drug Testing Requirement

I understand that as part of my application	for employment I must successfully complete a USDOT drug
test required by 49 CFR Part 653. I understa	and that a negative result is required before I will be
considered for hire.	
Signature of Applicant	Signature of Manager

Date



Date





Confidential

Tri County Transit

SEFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

plica	nnt First Name, Middle Ini	tial, Last Name	Social Security Number,
		DOT – regulated drug and a d #2) No	lcohol testing with previous employers? _(if no, skip to #2)
1.	In the last two years, have	you ever:	
	a. Tested positive (0.04 o	or greater) for alcohol? No	
	b. Had a verified positive Yes	e drug test result? No	
	c. Refused a required dru Yes	ng or alcohol test (or had a v	rerified adulterated or substituted drug test result)?
	d. Violated any other DC Yes	T drug and alcohol testing to No	regulation within the last two years?
	an employer to which you		e-employment drug or alcohol test administered by ain, safety – sensitive transportation work covered ast two years?
	Yes	No	1
	· -	•	s, please provide documentation of your successful ou do not have this information, please explain
	(Use additional pages as n	ecessary)	
	•	_	and complete to the best of my knowledge and his form shall be grounds for dismissal."
	Signed		Date





Notice to All Users of This Form: As an employer and user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. This form is provided solely as a courtesy and should not be construed as legal advice. It is important that prior to using this or any form, you consult with your legal counsel.

DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS Tri County CAP Transit |31 Pleasant St | Berlin NH 03570 | (603) 752-1741

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application for employment with Tri County CAP Transit (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment* (if hired), we may obtain a "consumer report" and/or an "investigative consumer report" on you from TRAK-1 TECHNOLOGY, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others. You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Tri County CAP Transit files on you at the time of your request by providing proper identification and the payment of any legally permissible fees. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to TRAK-1 TECHNOLOGY should be forwarded to: Trak-1 Technology; Consumer Disputes; 7131 Riverside Parkway; Tulsa, Oklahoma, 74136. 1 (800) 600 - 8999.

CALIFORNIA APPLICANTS: California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 Technology is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.

THE FAIR CREDIT REPORTING ACT GIVES YOU SPECIFIC RIGHTS IN DEALING WITH CONSUMER REPORTING AGENCIES. YOU WILL BE GIVEN A SUMMARY OF THESE RIGHTS TOGETHER WITH THIS DOCUMENT.

AUTHORIZATION

By signing below, you hereby authorize, without reservation, TRAK-1 TECHNOLOGY or any third party contacted by this organizatior to furnish the abovementioned and requested information. You further authorize ongoing procurement of the above-mentioned information, reports and records at any time during your employment or contract or in the course of considering you for employment. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having

knowledge about you to furnish **Tri County Cap Transit** with any and all background information in their possession regarding you, so that your employment qualifications may be evaluated and/or reassessed.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of You Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

a complete consumer report:
ZIP
DATE OF BIRTH *
ISSUING STATE
DATE
ou would like to receive a copy of your consumer be sent to you by the above-referenced employer finnesota applicants only: the consumer reporting roviding it to the above-referenced employer. For your consumer report.
a Civil Code, you may view the file maintained on by of this file, either in person or by mail, by may also receive a summary of the file by rained personnel available to explain your file to e, or with another person of your choice, provide