



Date received _____
Time received _____
Received by _____

APPLICATION FOR EMPLOYMENT

Please answer all questions.

Biddeford Saco Old Orchard Beach Transit is an Equal Opportunity Employer and does not discriminate based on race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Name: _____ (Last) (First) (Middle) (_____) (Daytime Phone)

_____ Mailing Address City State Zip

_____ Email Address _____ List any other names used if different from on this application.

Have you worked for BSOOB Transit before? If yes, dates, and in what position. _____

Are you 18 years of age or older? _____ Do you have the legal right to work in the United States? _____

What position are you applying for? _____ Part-Time Full-Time

How did you learn about this position? _____ Rate of pay expected _____

Available start date: _____ Are you willing to work weekends and evenings? _____

Current Drivers' License Number (if required for the position) _____ CDL, P & Air Brake Endorsement? _____

Have you ever served in any branch of the military? Yes No

Are you presently a member in the National Guard or Reserve? Yes No

Have you ever been convicted of a crime? If answer is yes, please give concise details. Note: If your answer is "yes" a conviction may not disqualify you, but a false statement will.

Education

High School Graduate or GED? Yes No

School Name	Courses of Study	Degree

EMPLOYMENT HISTORY

All applicants must provide all of the following information for all employers during the preceding three years.

Applicants who have driven a commercial motor vehicle (GRWR 26,000 lbs., 15 passengers or more) shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

Employer	DATE	
NAME	FROM MO. YR..	TO MO. YR.
ADDRESS	POSITION	
CITY STATE ZIP	Reason for leaving	
CONTACT PERSON	PHONE NUMBER	

Employer	DATE	
NAME	FROM MO. YR..	TO MO. YR.
ADDRESS	POSITION	
CITY STATE ZIP	Reason for leaving	
CONTACT PERSON	PHONE NUMBER	

Employer	DATE	
NAME	FROM MO. YR..	TO MO. YR.
ADDRESS	POSITION	
CITY STATE ZIP	Reason for leaving	
CONTACT PERSON	PHONE NUMBER	

Employer	DATE	
NAME	FROM MO. YR..	TO MO. YR.
ADDRESS	POSITION	
CITY STATE ZIP	Reason for leaving	
CONTACT PERSON	PHONE NUMBER	

May we contact your present employer? YES NO
 May we contact past employers? YES NO

Driving Background:

Accident record for past 3 years or more (attach sheet if more space needed)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC).	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE NEEDED)

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES ___ NO ___

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES ___ NO ___
IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (TOTAL)
		From	To	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

REFERENCES

GIVE NAMES BELOW OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
1			
2			
3			

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company. I understand that, if and when I accept an offer of employment, I will be required to have a pre-placement physical capacity screen and pre-placement drug and alcohol screen.

Signature of applicant

Date

VOLUNTARY SELF-IDENTIFICATION EEOC

The Equal Employment Opportunity Commission (EEOC) requires an organization with 100 or more employees and federal contractors who have at least 50 employees to invite applicants to self-identify gender, ethnicity, veteran and disability, and complete an EEO-1 report each year, and in the cases of Federal contractors and sub-contractors, an EEO 4212 each year. **Completion of this form is voluntary and will not affect your opportunity for employment, or terms or conditions of employment.** This form will be used for EEO reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR/Compliance office.

Name (print) _____
Last First MI

RACE OR ETHNIC IDENTITY

- | | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Choose Not to Disclose |

GENDER

- Male
 Female
 Other _____
 Choose Not to Disclose

OTHER

- Individuals with Disabilities
 Choose Not to Disclose

PROTECTED VETERAN STATUS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative actions to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces Service Medal veterans.

These classifications are defined as following:

- A "disabled veteran" is one of the following:
 - A veteran of the U.S. military, ground, naval or air services who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air services.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the law administered by the Department of Defense.
- An "Armed Forces Service Medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air services participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA- the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the

uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Services (VETS), toll-free, at 1-866-4-USA-DOL **If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.**

- Protected Veterans Status
- Veteran, not protected status
- I am not a Veteran
- Choose Not to Disclose

Signature: _____

Date Completed _____

This form will be separated from your employment application and other personnel file documents; it will be forwarded to the HR/Compliance office for completely separate EEOC/AA recording purposes only.