



Application for Employment

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. Email completed applications to: Careers@Connect-Transit.com

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to an applicant's race, color, religion, national origin, ancestry, age, sex/gender, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military, or any other characteristic protected by law. Connect Transit is an Equal Opportunity Employer and is committed to excellence through diversity and inclusion. This application is valid for only sixty days after signature of applicant on last page.

Personal Information (click in gray boxes)

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you been employed here in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date:
If Selected for Employment Are You Willing to Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position (click in gray boxes)

Position You Are Applying For	Available Start Date	Are you on a lay-off with subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>	Desired Pay
Are you available to work (please check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends <input type="checkbox"/> Split Shifts <input type="checkbox"/> Internship			

Education (click in gray boxes)

School Name	Location	Degree Received	Major

Professional References Not Related to You (click in gray boxes)

Name	Title	Company	Phone	Years Known

Relatives or Friends who currently work for Connect Transit (click in gray boxes)

Relative(s)	Relationship	Friend(s)

Employment History (click in gray boxes)**Name:**

Employer (1)		Job Title		Dates Employed
Work Phone		Supervisor's Name		Supervisor's Number
Address		City	State	Zip
Reason for leaving	Brief description of duties		May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer (2)		Job Title		Dates Employed
Work Phone		Supervisor's Name		Supervisor's Number
Address		City	State	Zip
Reason for leaving	Brief description of duties		May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer (3)		Job Title		Dates Employed
Work Phone		Supervisor's Name		Supervisor's Number
Address		City	State	Zip
Reason for leaving	Brief description of duties		May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer (4)		Job Title		Dates Employed
Work Phone		Supervisor's Name		Supervisor's Number
Address		City	State	Zip
Reason for leaving	Brief description of duties		May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer (5)		Job Title		Dates Employed
Work Phone		Supervisor's Name		Supervisor's Number
Address		City	State	Zip
Reason for leaving	Brief description of duties		May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Information (click in gray boxes)**Name:**Are you a US Citizen? Yes No Have you ever been discharged or asked to resign employment? Yes No

If yes, state reason:

Have you ever been bonded? Yes No

If yes, which position:

Have you ever been discharged or asked to resign employment? Yes No Are you at least 18 years old? Yes No **Driver Applicant Information** (click in gray boxes only if applicable to the position you are applying for)**Driver License Information**

State	License No.	Class	Restriction(s)	Expiration Date

Driving Experience

Class of Equipment:	Type of Equipment Driven	From (MM/YY)	To (MM/YY)	Approximate miles driven per year
Bus				
Straight Truck				
Tractor Trailer				

Driving Record (List all accidents for the previous three (3) years)

	Dates	Type of Accident (head on, rear end, upset)	Injuries
Most Recent Accident			Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Accident			Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Accident			Yes <input type="checkbox"/> No <input type="checkbox"/>

Traffic Convictions and/or Citations (List all for the previous three (3) years)

Location City/State	Date	Type	If a penalty, give details

Signature Disclaimer (click in gray boxes)

I certify that my answers are true and complete to the best of my knowledge. If any information I provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I agree that an electronic signature may be considered valid as an original. I recognize that this application is not an offer to neither enter a contract or a contract for employment nor guarantee employment for any definite period. I further recognize an agree that if I am employed by Connect Transit, such employment will not result in a contract for employment and that Connect Transit may terminate my employment at any time for any reason. I understand that no representative has the authority to make any assurances to the contrary. I authorize references and employers to be contacted based on my above approval.

Name (Please Print)

Signature

Date