

APPLICATION FOR EMPLOYMENT

County of Lackawanna Transit System (COLTS)

800 North South Road, Scranton, PA 18504

570-346-2061 telephone number

570-207-5053 facsimile number

An EQUAL OPPORTUNITY EMPLOYER

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

Position Applied For: _____

Name _____
(First) (Middle) (Maiden Name, if any) (Last)

PRESENT ADDRESS _____ HOW LONG? _____
(Street) (City, State & Zip Code)

DATE OF BIRTH _____ SOCIAL SECURITY #. _____

PRIMARY PHONE # _____ 2ND PHONE # _____

ADDRESS _____ HOW LONG? _____
FOR (Street) (City, State & Zip Code)
PAST

THREE YEARS _____ HOW LONG? _____
(Street) (City, State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

If you are under 18, and it is required, can you furnish a work permit? o Yes o No

If no, please explain _____

Have you ever been employed here before? _____ If yes, give dates and positions _____

Are you legally eligible for employment in this country? o Yes o No

Are you bilingual? o Yes o No If so, what language(s): _____

Employment desired o Full-time o Part-time o Temporary Date available for work _____

Are you able to meet the attendance requirements of the position? o Yes o No

Do you have any condition which may limit your ability to perform the job applied for? o Yes o No

If Yes, please explain: _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? o Yes o No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all state-issued licenses held the past three years.

	STATE	LICENSE NO.	TYPE & ENDORESMENTS	EXPIRATION DATE
DRIVER LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
BUS				
TRACTOR AND SEMI-TRAILOR				
TRACTOR - TWO TRAILERS				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

LOCATION	DATE	CHARGE	TYPE OF VEHICLE OPERATED

(ATTACH SHEET IF MORE SPACE IS 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
- C. Have you tested positive or refused to test in any pre-employment controlled substance or alcohol tests in situations where you did not obtain employment within the previous two years? Yes No

IF THE ANSWER TO ANY OF THE ABOVE YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)

NOTE: Transportation regulations require that employment for the previous 3 years be provided. In addition to your previous 3 years of all employment history, DOT requires you to list additional commercial driving experience for the past 10 years

LAST EMPLOYER: NAME _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job? Y N
Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing? Y N

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job? Y N

Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing? Y N

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job? Y N

Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing? Y N

FOURTH LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job? Y N

Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing? Y N

FIFTH LAST EMPLOYER: NAME _____

ADDRESS _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

Where you subject to the Federal Motor Carrier Safety Regulations while employed at this job? Y N

Was your position designated as a safety-sensitive position and subject to DOT Alcohol and Controlled Substance Testing? Y N

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

EDUCATIONAL BACKGROUND

NAME AND LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

REFERENCES

NAME	TELEPHONE	# OF YEARS KNOWN

TO BE READ AND SIGNED BY APPLICANT

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 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.

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 organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used

for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, 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 without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be limited by any collective bargaining agreement or as 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, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Executive Director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have completed this application, read, fully understand and accept all terms of the foregoing applicant Statement.

Signature of Applicant _____

Date / /

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Application Reviewed by: _____

This form should be maintained indefinitely in the Driver's Qualification File.

**COUNTY OF LACKAWANNA TRANSIT SYSTEM
SUPPLEMENTAL APPLICATION FORM**

As a condition for employment with COLTS you must agree to a complete physical examination, which includes testing for substance abuse. The results of the tests are confidential and will be revealed to authorized COLTS personnel only. All testing is at COLTS expense and the Department of Transportation guidelines will be strictly followed.

Also, by signature below I am authorizing COLTS to perform a background check including, but not limited to, past employers, the Pennsylvania State Police and Federal Authorities. All information gathered in this regard will be kept in the strictest of confidence and made available upon request.

All new full-time employees in any department shall be on probation for a period of ninety (90) working days from the date of employment. By mutual agreement the probationary period may be extended. Such probationary period shall constitute a trial period during which the Company is to judge the ability, competency, fitness and other qualifications of the new employees to do the work for which they are employed. During such period, the company may discharge the employee at any time and its right to do so shall not be questioned, nor shall the Union assert or present any grievance on behalf of such new employee because of any matter or occurrence whatsoever falling within such probationary period.

Applicant's Signature

Date

Application for employment.

(a) A person shall not drive a commercial motor vehicle unless he/she has completed and furnished the motor carrier that employs him/her with an application for employment that meets the requirements of paragraph (b) of this section.

(b) The application for employment shall be made on a form furnished by the motor carrier. Each application form must be completed by the applicant, must be signed by him/her, and must contain the following information:

(b)(1) The name and address of the employing motor carrier;

(b)(2) The applicant's name, address, date of birth, telephone number and social security number;

(b)(3) The addresses at which the applicant has resided during the 3 years preceding the date on which the application is submitted;

(b)(4) The date on which the application is submitted;

(b)(5) The issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant;

(b)(6) The nature and extent of the applicant's experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which he/she has operated;

(b)(7) A list of all motor vehicle accidents in which the applicant was involved during the 3 years preceding the date the application is submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused;

(b)(8) A list of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which the applicant was convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted;

(b)(9) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

(b)(10)(i) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted,

(b)(10)(ii) The dates he or she was employed by that employer,

(b)(10)(iii) The reason for leaving the employ of that employer,

(b)(10)(iv) After October 29, 2004, whether the (A) Applicant was subject to the FMCSRs while employed by that previous employer,

(b)(10)(iv)(B) Job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by [49 CFR part 40](#);

(b)(11) For those drivers applying to operate a commercial motor vehicle as defined by [Part 383](#) of this subchapter, a list of the names and addresses of the applicant's employers during the 7-year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment; and

(b)(12) The following certification and signature line, which must appear at the end of the application form and be signed by the applicant:

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

(Date)

(Applicant's signature)

(c) A motor carrier may require an applicant to provide information in addition to the information required by paragraph (b) of this section on the application form.

(d) Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b)(10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of [§391.23](#). The prospective employer must also notify the driver in writing of his/her due process rights as specified in [§391.23\(i\)](#) regarding information received as a result of these investigations.

RESEARCH QUESTIONNAIRE

THIS IS A VOLUNTARY FORM THAT YOU ARE NOT REQUIRED TO COMPLETE.
Your answers will be used for research purposes and to help ensure equal employment opportunities. This information will be kept confidential and will not affect your chances for employment.

Please print.

Name (Optional): _____ Date: _____

Address (Optional): _____

Telephone Number: _____

Social Security Number: _____

Male: _____ Female: _____ Veteran: _____

EEO CLASSIFICATION:

- _____ WHITE (not of Hispanic Origin)
- _____ BLACK (not of Hispanic Origin)
- _____ HISPANIC
- _____ ASIAN OR PACIFIC ISLANDER
- _____ AMERICAN INDIAN OR ALASKAN NATIVE
- _____ OTHER (specify) _____

Signature (Optional)