Referred by:_____

Employment Application Maintenance & Administration (Mechanic and/or Bus Washer)

Date: _____

LEBANON TRANSIT
200 WILLOW STREET
LEBANON, PA 17046
717.274.3664

Instructions: Thank you for your interest in employment with Lebanon Transit. Please complete all sections of this employment application to be considered for employment at Lebanon Transit. If you require an accommodation during this employment application process, including assistance in the completion of the employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability or sexual orientation. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to provide complete answers to any questions.

Section 1: Personal Information

Name: _____ Telephone #: _____
Last First Middle

Address: _____
Street City State Zip Code

Are you at least 21 years of age? Yes ____ No _____ (DO NOT PROVIDE DATE OF BIRTH)

Please list all addresses where you have resided in the past 3 years:

Address: _____
Street City State Zip Code

Address: _____
Street City State Zip Code

Address: _____
Street City State Zip Code

Section 2: Desired Employment

Desired Position: _____ Available Start Date: _____ Compensation Desired: ____

Have you ever applied for employment at Lebanon Transit before? Yes ____ No ____

Where _____ When: _____

Have you ever worked for Lebanon Transit before? Yes ____ No ____

Where: _____ When: _____

Please list any other name under which you have been employed: _____

Are you legally authorized to work in the United States on an unrestricted basis for any employer? Yes ____ No ____

Have you ever been convicted of a felony or a misdemeanor? Yes ____ No ____
Applicants are not obligated to disclose sealed or expunged arrest or conviction records

If yes, please explain: _____

Must be able to speak, read and write in English.

Section 3: Education

Education/Type	Name and City	Did you Graduate?	Degree Received
High School	_____	Yes ____ No ____	_____
College	_____	Yes ____ No ____	_____
Graduate School	_____	Yes ____ No ____	_____
Other	_____	Yes ____ No ____	_____

Section 4: Employment History

Please provide your complete employment history. If you drove a commercial vehicle at any time in the last ten (10) years please detail that employment information also. Ask for/use extra paper if necessary.

Name of Present or Last Employer: _____

Address: _____
Street City State Zip Code

Starting Date (M/Y): _____ Date Last Worked (M/Y): _____ Job Title: _____

Starting Salary/Hourly Rate: _____ Final Salary/Hourly Rate: _____

Starting Commission/Bonus: _____ Final Commission/Bonus: _____

Summarize Type of Work Performed and Job Responsibilities: _____

Reason (S) for Leaving: _____

If you were terminated or asked to resign, please explain: _____

May we contact your supervisor? Yes _____ No _____ If no, why? _____

Supervisor's Name: _____ Title: _____ Employer's Phone #: _____

Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes _____ No _____

Was your job designated as safety sensitive function in any DOT Regulated mode? Yes _____ No _____

Were you subject to DOT-Required Drug and Alcohol Testing? Yes _____ No _____

Name of Present or Last Employer: _____

Address: _____
Street City State Zip Code

Starting Date (M/Y): _____ Date Last Worked (M/Y): _____ Job Title: _____

Starting Salary/Hourly Rate: _____ Final Salary/Hourly Rate: _____

Starting Commission/Bonus: _____ Final Commission/Bonus: _____

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Section 4: Employment History, continued

Name of Present or Last Employer: _____

Address: _____
Street City State Zip Code

Starting Date (M/Y): _____ Date Last Worked (M/Y): _____ Job Title: _____

Starting Salary/Hourly Rate: _____ Final Salary/Hourly Rate: _____

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Starting Salary/Hourly Rate: _____ Final Salary/Hourly Rate: _____

Starting Commission/Bonus: _____ Final Commission/Bonus:

_____

Summarize Type of Work Performed and Job Responsibilities: _____

Reason (S) for Leaving: _____

If you were terminated or asked to resign, please explain: _____

May we contact your supervisor? Yes _____ No _____ If no, why? _____

Supervisor's Name: _____ Title: _____ Employer's Phone #:

_____

Section 4: Employment History, continued

Was your job designated as safety sensitive function in any DOT Regulated mode? Yes _____ No _____

Were you subject to DOT-Required Drug and Alcohol Testing? Yes _____ No _____

Name of Present or Last Employer: _____

Address: _____
Street City State Zip Code

Starting Date (M/Y): _____ Date Last Worked (M/Y): _____ Job Title: _____

Starting Salary/Hourly Rate: _____ Final Salary/Hourly Rate: _____

Starting Commission/Bonus: _____ Final Commission/Bonus:

_____

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Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes _____ No _____

Was your job designated as safety sensitive function in any DOT Regulated mode? Yes _____ No _____

Were you subject to DOT-Required Drug and Alcohol Testing? Yes _____ No _____

Employment gaps:

Explain any periods that you were not working during the last 10 years other than due to personal illness, injury or disability.

_____

_____

_____

Related Information:

If you hold any certifications, are member of any job related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal you race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation.

_____

_____

_____

Job Skills and Qualifications:

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

_____

_____

_____

Are you bilingual? Yes _____ No _____ If so, what language? _____

Have you served in the military? Yes _____ No _____

Section 5: Driver Information

Driver's license information: Please list all States in last 3 years where a license was held.

	State	License Number	Type (Class)	Expiration Date
Driver's Licenses				

Driving experience: Please list all driving experience.

Class of Equipment	Type of Equipment (Flatbed, Van, Mini-Bus etc.)	Dates From	Dates To	Approximate Number of Miles (Total)
Bus				
Tractor and Semi-Trailer				
Other (Indicate Type)				

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				
Next Previous				

Traffic Convictions, Tickets, Citations and/or Forfeitures for the past 3 years (Other than parking violations)

Location	Date	Charge	Type of Vehicle Operations

If the answer to any of the questions below is Yes, please attach a statement giving details.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
2. Have any license, permit or driving privilege ever been suspended or revoked? Yes _____ No _____
3. For the past 2 years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work? Yes _____ No _____

Section 6: Acknowledgement, Certification, Authorization

I, the applicant, certify that the entries and information set forth in this Application are true and complete to the best of my knowledge. I understand that deliberately entering false information will result in the withdrawal of any offer/transfer.

Applicant Signature

Date

PLEASE READ CAREFULLY BEFORE SIGNING. Initial this page where indicated and sign the next page after reading all certifications and notices contained therein.

1. I certify that the information contained in this application for employment at Lebanon Transit is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.

2. I understand that if I am offered employment at Lebanon Transit it is at-will and can be terminated for any reason with or without advance notice by myself or Lebanon Transit.

3. I understand and agree that Lebanon Transit may make a full complete investigation of my personal employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide Lebanon Transit with any information (including fact or opinion) they may have regarding me. In consideration of Lebanon Transit's review of this Application, I release Lebanon Transit and all providers of any information from any liability, which may arise as a result of furnishing or receiving this information. I understand and agree any employment offer or continued employment shall authorize Lebanon Transit to provide truthful information (fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against Lebanon Transit for truthfully communicating any such information to be potential or future employer.

4. I understand and agree that I will be required to submit to drug testing and complete a medical examination as part of my application for employment. I also understand and agree that I may be required to submit to additional medical examinations during my employment with Lebanon Transit, provided that such examination is job-related and consistent with business necessity. I consent to such testing, and authorize the physician conducting the examination and any laboratory testing, any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to Lebanon Transit if requested. Lebanon Transit will keep such results confidential and disclose the results only to persons who need to know where required by law. Also, I agree to fully cooperate and provide Lebanon Transit with any additional consent(s) and/or release(s) as required by the Lebanon Transit to investigate my employment application.

5. I agree that Lebanon Transit may investigate and consider any criminal conviction record that I may have after it makes a conditional offer of employment. Lebanon Transit may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying.

6. I understand and agree that if offered employment from Lebanon Transit I may be required to disclose military service information in accordance with law, and that any such employment offer shall be depended upon the receipt of satisfactory military record as determined by Lebanon Transit.

7. If hired, I agree not to disclose or use confidential information belonging to prior employees and that I will inform Lebanon Transit of any agreements that would limit my ability to work for Lebanon Transit.

Initial Here

Section 6: Acknowledgement, Certification, Authorization, continued

Disclosure and Authorization to Obtain Consumer Reports and Driving Performance History

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, Lebanon Transit may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation or personal characteristics. However, no consumer report will be obtained by Lebanon Transit for employment purposes without your prior written authorization. I hereby acknowledge that Lebanon Transit has disclosed, in writing, that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation or personal characteristics for employment purposes. I hereby authorize Lebanon Transit and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation or personal characteristics.

I hereby acknowledge and consent Lebanon Transit to obtain and review reports of driver history from states in which a license has been held in accordance with, but not limited to, 48 CFR Part 391. This consent shall be considered continuing, permitting for additional driver history inquiries as deemed necessary by Lebanon Transit for the entire length of my employment with Lebanon Transit.

Previous Employer Inquiries and Investigations

As required by 391.23, we will make investigative inquiries to previous DOT-regulated employers related to your employment history, drug and alcohol testing results, and accident history. We will use this information in our hiring decision. Pursuant to 391.23, you have the following rights with regard to responses received in these areas from previous DOT-regulated employers:

1. The right to review information provided by previous DOT-regulated employers:
2. The right to have errors in the information corrected by the previous employer; and for that previous employer to re-send the corrected information to the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information.

If you wish to review previous DOT-regulated employer information received in response to required inquiries, you must submit a written request to the prospective employer no later than 30 days after being employed or being notified of denial of employment. After making such written request, any information received will be provided to you within five days, unless no such information has been provided in response to required inquiries. For information on procedures to rebut information provided by previous DOT-regulated employers, see Title 49 of the Coded Federal Regulations (CFR), Part 391.23(j).

I hereby acknowledge and certify that I have read and understood these Authorizations and Notifications on this and the previous page (pages 6-7) of this Application for Employment.

_____ _____

Authorization Signature Date

_____

Print Name

If you currently hold a Commercial Driver's License (CDL), Please complete this page.

_____

Date of Birth

_____

Social Security Number

_____ _____

Signature Date