

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.

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: _____

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: _____

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 _____

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 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, 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

Non-Defamation. The Employee shall not, during the course of the Employee's employment with Lebanon Transit, nor at any time thereafter, directly or indirectly, in public or private, in any manner or in any medium whatsoever, deprecate, impugn or otherwise make any comments, writings, remarks or other expressions that would, or could be construed tend to or be construed to tend to defame Lebanon Transit, or either of their reputations, Nor shall the Employee assist any other person, firm or company in so doing.