

Employment Application

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to actual or perceived race, creed, color, religion, alienage or national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, veteran status, sexual orientation, genetic information, or criminal history reports.

Company Information
FishingCreek Transportation, Inc. 2481 State Route 487, Orangeville PA 17859 570-245-6393

Applicant Information	
Name:	Date:
Maiden Name/Aliases:	
Home Addresses (for 3 years preceding today's date. Use extra paper if needed) from _____ to present (Month/Year)	
(Street)	(City) (State) (Zip)
(Street)	(City) (State) (Zip)
Home Phone:	Cell Phone:
Email Address	
Do you have the lawful right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In Pennsylvania, a bus driver must be 21 years or older to drive and cross state lines. Please indicate if you are able to drive a school bus and if you are able to cross state lines. Are you Over 21 ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked here before? <input type="checkbox"/> No <input type="checkbox"/> Yes, give dates _____	Position Applying For:
How were you referred to the company:	
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: Standard Commercial
Do you have any limitation on the days and/or times of day you can work?	

To Be Read and Signed by Applicant:
<p>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. I understand that, if hired, any misrepresentation of information in this application is cause for immediate dismissal. I authorize this company to investigate my background to ascertain all information of concern to my employment history, whether same is of record or not, and release those providing such information from all liability for any damages resulting from furnishing this information. Further, I understand that I may be asked to demonstrate my ability to perform the essential functions necessary to complete the job, and if offered the job, that it may be conditioned on result of a physical examination, and controlled substances and alcohol misuse test. This Company is an at will employer.</p>
<p>Signature: _____ Date: _____</p>

Employment Application

Name: _____

10 years of employment history provided _____

Employment History – Please list previous employers during the 10 years preceding the date of application (additional paper can be used if more space is needed). It is our practice to call past employers for reference checks. Please be sure to complete the Act 168 and Previous Employer Drug and Alcohol Inquiry Forms.

Employer #1 Employer Name: _____	
Address: _____	Dates: _____
City: State: Zip: _____	From: _____ To: _____ Month/Year Month/Year
Contact Person: _____ Phone: _____	Position Held: _____
Reason for Leaving: _____	Salary/Wage: _____
Did this job require you to have direct contact with children? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Act 168 Sent <input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> N/A	Did this job require you to have FMCSA DOT Drug Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No DOT PEI sent <input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> N/A

Employer #2 Employer Name: _____	
Address: _____	Dates: _____
City: State: Zip: _____	From: _____ To: _____ Month/Year Month/Year
Contact Person: _____ Phone: _____	Position Held: _____
Reason for Leaving: _____	Salary/Wage: _____
Did this job require you to have direct contact with children? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Act 168 Sent <input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> N/A	Did this job require you to have FMCSA DOT Drug Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No DOT PEI sent <input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> N/A

Employer #3 Employer Name: _____	
Address: _____	Dates: _____
City: State: Zip: _____	From: _____ To: _____ Month/Year Month/Year
Contact Person: _____ Phone: _____	Position Held: _____
Reason for Leaving: _____	Salary/Wage: _____
Did this job require you to have direct contact with children? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Act 168 Sent <input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> N/A	Did this job require you to have FMCSA DOT Drug Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No DOT PEI sent <input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> N/A

Additional job Related Experience - Describe any other experiences skills which you consider important to the successful performance of the job for which you are applying.

Name: _____

EXPERIENCE AND QUALIFICATIONS-DRIVER FOR THE PAST 3 YEARS				
Driver Licenses	State	License No.	Type of Equipment	Expiration Date

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

Dates	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) - Please include details of 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 (attached sheet if more space is needed)

Location	Date	Charge	Penalty

IF NONE (CROSS OUT TABLE ABOVE & INITIAL STATEMENT BELOW)

I have had no occurrences of denial, revocation, or suspension of my license or permit. _____
(Initials)

COMPLETE THE FOLLOWING QUESTIONS. ANSWER EACH QUESTION TO THE BEST OF YOUR KNOWLEDGE.

1. Can you pass a physical exam in accordance with the Federal Motor Carrier Safety Regulations to be a school bus driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to adhere to the Company uniforms Policy and maintain good grooming habits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please review the Job description for the position you are applying for:	
3. Can you perform the essential job functions (with or without accommodation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Reading schedules and instructional bulletins, information, traffic condition warning signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Preparation for arithmetic reports such as pay claims, hours of service, miles driven	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Complete various reports such as accident and incident reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

As an applicant for a school bus driver and/or monitor position, I understand and acknowledge that my acceptance as a school bus driver and/or monitor is subject to the positive and/or negative results of each of the following National and State required History Clearances. Further I understand and acknowledge that my refusal to consent to the above checks makes me ineligible to serve.

- | | |
|---|-------------------------------------|
| 1. Release of Full Driver Info/History (DL-503) | 4. PA Child Abuse History Clearance |
| 2. State Police Request Criminal Record Check | 5. FBI Clearance and Fingerprinting |
| 3. Pre-Employment Drug Screen | 6. School District Approval |

With my signature, 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. I verify my understanding of all of the above statements and give my consent to checks and clearances described.

Signature: _____	Date: _____
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EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Department FishingCreek Transportation

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Dentist Name _____ Phone # _____

I have voluntarily provided the above contact information and authorize FishingCreek Transportation and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ Date _____

