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: s | | | 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? □ Yes □ 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?** □ Yes □ No | | | | |
| Have you worked here before? □ No □ Yes, give dates \_\_\_\_\_\_\_\_\_\_\_ | | Position Applying For: | | |
| How were you referred to the company: | |
| Do you have a valid Driver’s License? □ Yes □ 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:** | | | | |
| 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. | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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Employment Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *10 years of employment history provided \_\_*

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| --- | --- | --- | --- |
| **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:  From:\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_  Month/Year Month/Year |
| City: State: Zip: | | |
| Contact Person: Phone: | | | Position Held: |
| Reason for Leaving: | | | Salary/Wage: |
| Did this job require you to have direct contact with children? □ Yes □ No  *Act 168 Sent □ Yes (date) \_\_\_\_\_\_\_\_\_\_ □ N/A* | | Did this job require you to have FMCSA DOT Drug  Testing? □ Yes □ No  *DOT PEI sent □ Yes (date) \_\_\_\_\_\_\_\_\_\_ □ N/A* | |
| **Employer #2** Employer Name: |  |  | |
| Address: |  |  | Dates:  From:\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_  Month/Year Month/Year |
| City: State: Zip: |  |  |
| Contact Person: | Phone: |  | Position Held: |
| Reason for Leaving: |  |  | Salary/Wage: |
| Did this job require you to have direct contact with children? □ Yes □ No  *Act 168 Sent □ Yes (date) \_\_\_\_\_\_\_\_\_\_ □ N/A* | | Did this job require you to have FMCSA DOT Drug  Testing? □ Yes □ No  *DOT PEI sent □ Yes (date) \_\_\_\_\_\_\_\_\_\_ □ N/A* | |
| **Employer #3** Employer Name: |  |  | |
| Address: |  |  | Dates:  From:\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_  Month/Year Month/Year |
| City: State: Zip: |  |  |
| Contact Person: | Phone: |  | Position Held: |
| Reason for Leaving: |  |  | Salary/Wage: |
| Did this job require you to have direct contact with children? □ Yes □ No  *Act 168 Sent □ Yes (date) \_\_\_\_\_\_\_\_\_\_ □ N/A* | | Did this job require you to have FMCSA DOT Drug  Testing? □ Yes □ No  *DOT PEI sent □ Yes (date) \_\_\_\_\_\_\_\_\_\_ □ 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. | | | |
|  | | | |

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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 VIOLATI** | | | | | | | **ONS) -** Please include | |
| details of the facts and circumstances of any denial, revocation, or suspension of any license, permit, o | | | | | | | r privilege to operate a | |
| motor vehicle that has been issued to the applicant (attached sheet if more space is n | | | | | | | eeded) | |
| 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** | | | | | | | **KNOWLE** | **DGE.** |
| 1. Can you pass a physical exam in accordance with the Federal Motor Carrier Safety Regulations to be a school bus driver? | | | | | | | □ Yes | □ No |
| 2. Are you willing to adhere to the Company uniforms Policy and maintain good grooming habits? | | | | | | | □ Yes | □ No |
| ***Please review the Job description for the position you are applying for:***   1. Can you perform the essential job functions (with or without accommodation)? 2. Reading schedules and instructional bulletins, information, traffic condition warning signs? 5. Preparation for arithmetic reports such as pay claims, hours of service, miles driven   6. Complete various reports such as accident and incident reports? | | | | | | | □ Yes  □ Yes  □ Yes □ Yes | □ No  □ No  □ No  □ 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) 2. State Police Request Criminal Record Check 3. Pre-Employment Drug Screen | 1. PA Child Abuse History Clearance 2. FBI Clearance and Fingerprinting 3. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and FishingCreek Transportation its representatives to contact any of the above on my behalf in the event of an emergency.

**Employee Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

