

Name:		Date:	
Address:			
City/St/Zip:			
Contact Phone:		Email:	

**All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital status, veteran status, presence of a non-job-related handicap or any other legally-protected status.**

I am interested in the following position(s): ☐ Driver ☐ Office/Clerical ☐ Call Center ☐ Other (specify):

Date Available for work:		Desired Wage/Salary \$	
Are you 19 years old or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about STC?	
Are you a U.S. Citizen or otherwise authorized to work in the U.S. without restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of any crime? *Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying, but may disqualify you from certain jobs.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Have you ever worked for a DOT-regulated Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you tested positive or refused to test on any <b>pre-employment</b> drug or alcohol test administered by an employer to which you applied for but did not obtain safety-sensitive transportation worked covered by DOT agency drug and alcohol testing rules in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
If selected for employment, are you willing to submit to pre-employment & random drug screening tests? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been employed at one of our facilities before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give dates of employment, location and reason for leaving:			

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major
Other training, certifications, licenses:				
List other information pertinent to the position you seek:				



## APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY (List most recent first)				
1. Employer:			Job Title:	
Start/End Dates:		May we Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		City/St/Zip:		
Starting Salary:		Ending Salary:		
Duties performed:				
Reason for leaving:				
2. Employer:			Job Title:	
Start/End Dates:		May we Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		City/St/Zip:		
Starting Salary:		Ending Salary:		
Duties performed:				
Reason for leaving:				
3. Employer:			Job Title:	
Start/End Dates:		May we Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		City/St/Zip:		
Starting Salary:		Ending Salary:		
Duties performed:				
Reason for leaving:				
4. Employer:			Job Title:	
Start/End Dates:		May we Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		City/St/Zip:		
Starting Salary:		Ending Salary:		
Duties performed:				
Reason for leaving:				

REFERENCES				
Name	Occupation	Address	Phone	Yrs. Known

**ACKNOWLEDGMENT AND AUTHORIZATION**

I certify that all information provided on the application for employment Background Check Consent and Attestation Form are complete and accurate to the best of my knowledge. I understand that falsification, misrepresentation or omission of the facts in the application will disqualify me from further consideration or, if I am hired, will be sufficient cause for my immediate dismissal. I understand that any employment offer made to me is contingent upon my educational background, reference checks, professional license, criminal background check, driving record, physical examination, and a controlled substance screen.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release all such persons from any and all liability or damages from having furnished such information.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Senior Transportation Connection does not guarantee employment for any period of time. The organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Disclosure to Applicant/Employee That a Consumer Report May Be Obtained by Employer**

Please note that in connection with your application for employment and/or ongoing employment with our Company, we may obtain a “consumer report,” as defined in the Fair Credit Reporting Act (FCRA), from a consumer reporting agency. Consumer reports include, but are not limited to, credit reports, criminal background checks and motor vehicle reports.

**Authorization for Employer to Obtain Consumer Report**

By signing below, I hereby acknowledge that I have read the above disclosure and voluntarily authorized the Company, including its agents and representatives, to obtain a consumer report on me for use in connection with my application for employment or ongoing employment with the Company. If hired or currently employed, I understand that this authorization will remain on file and will serve as an ongoing authorization, to the extent permitted by law, for a consumer report to be lawfully obtained at any time in connection with my employment.

I further understand that the Company will provide me a copy of the consumer report if the information in the report is used, in any way, to make decisions regarding my fitness for employment with the Company. I understand that the report will be made available to me before any employment decisions are made, along with a summary of my rights under the Fair Credit Reporting Act.

***The following information is necessary to confirm your identity for completing an accurate background check; it is confidential and will not be taken into consideration in any employment decisions.***

Last Name:		First Name:		Middle Name:	
Current Address:				City/St/Zip	
<b>Please List Previous Addresses for the past seven years, most recent first, in chronological order:</b>					
Previous Address:		Date From:		Date To:	
Previous Address:		Date From:		Date To:	
Previous Address:		Date From:		Date To:	
Previous Address:		Date From:		Date To:	
Previous Address:		Date From:		Date To:	
Last 4 digits Social Security #:				Driver's License # and State	

Signature:

Date: