

NON-DRIVER EMPLOYMENT APPLICATION

York Transportation Solutions LLC

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717-978-5435

lyorktransport@gmail.com

An Equal Opportunity Employer

Please provide complete and legible information. An incomplete Application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Date of Application _____

Position(s) Applied For _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____

Email Address _____

How did you hear about this position (employee referral, ad, web posting, etc.?)

Are you legally authorized to work for this Company in the United States? Y ___ N ___

Will you now or in the future require sponsorship by this Company to attain or maintain your employment status? Y ___ N ___

Note: If hired, you must complete Section 1 on Form I-9 required by the U.S. Immigration and Naturalization Service no later than first day of work and provide the documentation required by Section 2 no later than three (3) business days after you start work. A copy of the back of Form I-9, listing acceptable documentation, is available.

On what date would you be available for work? _____

Type of work sought? Full Time ___ Part Time ___ Temporary ___

Thank you for your interest in employment with this Company. The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant on the basis of age, sex, sexual orientation, gender, gender identity or expression, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, familial status, genetic information, uniform service or veteran status or any other legally protected basis under applicable federal, state or local laws, regulations or ordinances. The Company will provide reasonable accommodations to allow an applicant to participate in the application and hiring process if requested. Please inform us if you need assistance completing any forms or to otherwise participate in the application process.

EMPLOYMENT EXPERIENCE

Start with your current or most recent position. Include military service assignments and work performed on a volunteer basis.

Current/Most Recent Employer		
Company:	Work Performed:	
Address:	_____	
Dates Employed	From:	To:
Job Title:	_____	
Supervisor:	_____	
Reason for Leaving:	_____	

Previous Employer		
Company:	Work Performed:	
Address:	_____	
Dates Employed	From:	To:
Job Title:	_____	
Supervisor:	_____	
Reason for Leaving:	_____	

Previous Employer		
Company:	Work Performed:	
Address:	_____	
Dates Employed	From:	To:
Job Title:	_____	
Supervisor:	_____	
Reason for Leaving:	_____	

If you need additional space, please continue on a separate sheet of paper.

<p>May we contact your current and former employers? If no, please identify the employer(s) and explain.</p> <p>_____</p> <p>_____</p> <p>_____</p>

Give name, address, telephone number, and position of three business or personal references.

EDUCATION

	High School	College/University	Graduate/Professional
School Name			
City, State, Country			
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			

State any additional information you feel may be helpful to us in considering your application.

APPLICANT CERTIFICATION

CERTIFICATION - PLEASE READ CAREFULLY BEFORE SIGNING

I consent to and authorize the Company to contact my former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. Unless I noted otherwise, I further authorize the listed employers, schools, and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party/parties for providing a reference as part of this application process. I understand that any employment or offer of employment arising from this Application for Employment will be subject to satisfactory verification of all job qualifications and information contained in this Application for Employment, which may include academic credentials, licenses, professional designations, references, credit and employment history, motor vehicles and other background checks, to the extent permitted by and in accordance with applicable law.

_____ (Please initial here to indicate that you have read and understand the above paragraph.)

I expressly agree and understand that completion of this application is a preliminary step to employment. It does not obligate the Company to offer me employment or for me to accept employment. I further agree and understand that in the event I am employed by the Company, my employment with the Company will be "at will." This means that my employment is not for a specified term and that it may be terminated by the Company or me at any time, for any reason, with or without cause or notice. **I understand that no document or any statement of any employee of the Company constitutes a contract of employment between me and the Company that in any way alters or changes my employment at will status.** I further understand that the at-will nature of my employment cannot be changed, on an individual or collective basis, except by a formal written contract, stating it is a contract of employment, signed by the President/CEO of the Company. I understand that this Application for Employment does not constitute an agreement or contract for employment between me and the Company.

_____ (Please initial here to indicate that you have read and understand the above paragraph.)

In the event I am employed by the Company, I understand that I will be expected to comply with all rules and regulations as set forth in the Company's policies and in any communications made to me. I understand that while the company makes every effort to accommodate individual preferences, business needs may make the following necessary: overtime; shift work; a rotating work schedule; a work schedule that includes weekend work.

_____ (Please initial here to indicate that you have read and understand the above paragraph.)

By my signature below, I certify under penalty of perjury that all of the foregoing information is true and complete, and I understand that any falsification or omission of information may result in denial of employment; or, if I am employed by the Company, may result in termination regardless of the time lapse before discovery.

ARIZONA APPLICANTS ONLY: THE SMOKE-FREE ARIZONA ACT, A.R.S. § 36-601.01, PROHIBITS SMOKING IN PLACES OF EMPLOYMENT AND WITHIN 20 FEET OF ALL ENTRANCES, OPEN WINDOWS, OR VENTILATION SYSTEMS.

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics, etc. during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.

MARYLAND APPLICANTS ONLY: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

MASSACHUSETTS APPLICANTS ONLY: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR

TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

MONTANA APPLICANTS ONLY: THE EMPLOYMENT RELATIONSHIP IS GOVERNED BY THE WRONGFUL DISCHARGE FROM EMPLOYMENT ACT. MONT. CODE ANN. § 39-2-901.

RHODE ISLAND APPLICANTS ONLY: IF YOU PROVIDE FALSE INFORMATION ABOUT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT ACCOMMODATIONS, YOU MAY BE BARRED FROM FILING A CLAIM UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT OF THE STATE OF RHODE ISLAND.

Signature: _____ Date _____

Name (please print): _____