



Employment Application for Safety Sensitive Position

CT law allows Haven Transportation to conduct random drug tests on all employees

Note to Applicant: Please advise us in advance if you require an accommodation to complete this application.

Haven Transportation LLC is an Equal Employment Opportunity employer. Haven Transportation LLC does not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

As a matter of policy and for the safety of the communities we serve, Haven Transportation LLC consistently conducts background checks including social media sites. It is essential that ALL information requested be complete and accurate. Haven Transportation is a **special needs** transportation company. ALL EMPLOYEES ARE SUBJECT TO ELECTRONIC MONITORING, VIDEO/AUDIO RECORDING, GPS TRACKING

Instructions: Answer all questions, check all boxes that apply and answer N/A to any questions that do not apply. PRINT CLEARLY

APPLICANT INFORMATION			
Last Name:	First:	M.I.	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Social Security #	Date of Birth: Required by FMCSR Part 391.21 (b)(2)		
Phone:	E-mail Address		
Driver's Lic#	Date exp:	Endorsement	
Have you used any other name in the past 7 years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list the name used and city state and years used.			
Please list all previous addresses for past 7 yrs:			
Position Applied for: Please circle: Full-time Part-time			
Do you have any obligations that would restrict your availability currently or in the upcoming school year? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain?			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been fired or asked to resign by an employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain?			

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?
Has your license ever been suspended or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?
Have you in the past 3 years failed or refused a mandated drug test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?
How many years of driving experience do you have in the state of CT?			
Do you have pending or recorded motor vehicle or criminal charges/violations/infractions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?
Do you currently have a valid DOT medical card	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, date expire?
Have you ever been convicted of any crime ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have any experience with children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

LICENSES/CERTIFICATION: (WILL NEED COPY OF VALID CERTIFICATIONS)

EX: DCF, CPR, Wheelchair, etc.

TYPE	Certification date	Certification Expiration
TYPE	Certification date	Certification Expiration

ACCIDENT REVIEW FOR PAST 3 YEARS- PLEASE WRITE DATE, LOCATION, TYPE OF COLLISION/ IF INJURED

DISCLAIMER AND SIGNATURE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment document are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, will result in termination of my candidacy or any subsequent employment. I further acknowledge that once consent is given Haven Transportation will conduct the pre-employment background investigation & evaluation which does not adhere to any specific time constraints and further understand I am required to report any updates/changes that would contradict previous reporting. If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason with or without cause, with or without notice.

Int_____

I authorize the company to conduct background evaluations and obtain information including but not limited to personal character references from **social media sites**, criminal history checks from federal, state or local authorities, the Department of Children and Families and the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA). I hereby expressly authorize such inquiries and fully release and discharge Haven Transportation LLC and any reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services, and educational institutions.

Int_____

I acknowledge that any offer of employment is conditioned upon the company's receipt and **continued** receipt of satisfactory results of all drug/alcohol testing, approved copies of **current** DOT medical clearance and a valid endorsement prior to the expiration date. I acknowledge that I am applying for a **safety sensitive position** working with children and I am required to always remain drug/alcohol free while on duty and submit to random & reasonable suspicion drug/alcohol testing throughout my employment. I further acknowledge that during the duration of employment which is defined here as your hire date that any activity, behavior, action/in-action that conflicts with the employer's interests will be subject to inquiry and discipline including termination.

Int_____

I understand that company vehicles are not for personal use and are to be returned without question whenever demanded. I am not provided a vehicle as a means of transportation to/from the workplace. I further understand that daycare is not provided by the company. Haven Transportation LLC transports students with "Special needs". Students can be unpredictable and become **aggressive** during transportation and all employees have 45 days to complete all training and demonstrate core competencies. A **refusal** to transport any student after training/competencies have been established is grounds for immediate termination.

Int_____

My signature certifies I acknowledge the general disclaimers of the safety sensitive position that I am applying for with Haven Transportation LLC, and all information provided on this application is complete, true and accurate to the best of my knowledge. (revised 2021)

Printed Name:

Signature

Date:



For Office use below: