# C:\Documents and Settings\Bryan\Desktop\images\PrideStarLogo_final_img_0.jpg *Student Transportation Inc.*

# Application for Employment

PRIDE*Star* Student Transportation, Inc. considers applications for employment without regard to race, color, national origin, ancestry, religion, sex, age, disability, sexual orientation, military service, or any other protected class. PRIDE*Star* Student Transportation, Inc. IS A DRUG-FREE WORKPLACE.

PLEASE PRINT

PERSONAL INFORMATION

Name: Date:

(Last) (First) (Middle)

Address:

City: State: Zip Code:

Home Telephone Number: Other Phone:

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 21 years of age? YES NO Date Available to Start:

Hours Requested (please circle) Full Time Part Time

If Part Time, what is your availability? (For example: Monday 12pm - 4pm)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Hours |  |  |  |  |  |  |

Desired Salary/Hourly Wage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about this position?

Please list any relatives or friends working here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION INFORMATION

Position(s) Applying For:

Have you ever worked for this organization?

If so, date(s) Prior position(s) here:

Reason(s) for leaving:

CERTIFICATION INFORMATION

(List only current certifications - photocopies required at interview)

|  |  |  |  |
| --- | --- | --- | --- |
| Certification | Number | Expiration Date | Certifying Agency |
| CDL with P&S  Endorsements |  |  |  |
| 7D |  |  |  |
| CPR |  |  |  |
| Other:\_\_\_\_\_\_\_\_ |  |  |  |

WORK REQUIREMENTS

AND GENERAL INFORMATION

Can you provide proof, if hired, that you are legally authorized to work in the U.S.? YES NO

Do you have a valid Driver's License? YES NO Class:

Issued by what State? Driver's License #:

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: ­ \_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? YES NO

If yes, explain:

EMPLOYMENT HISTORY

(List your last three employers or volunteer activities, starting with the most recent.)

I.

Employer:

Job Title: Supervisor:

Start Date: End Date:

Job Description (including duties and responsibilities):

Employer's Telephone #: May we contact? YES NO

Reason for leaving:

II.

Employer:

Job Title: Supervisor:

Start Date: End Date:

Job Description (including duties and responsibilities):

Employer's Telephone #: May we contact? YES NO

Reason for leaving:

III.

Employer:

Job Title: Supervisor:

Start Date: End Date:

Job Description (including duties and responsibilities):

Employer's Telephone #: May we contact?: YES NO

Reason for leaving:

MILITARY:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BRANCH OF SERVICE | DATE BEGAN | DATE  ENDED | RANK & DUTIES | DATE DISCHARGED | LOCATION |
|  |  |  |  |  |  |

PAST EMPLOYMENT

Have you ever been:

Disciplined or terminated for reckless driving? YES NO

Disciplined or fired for insubordination? YES NO

Disciplined or fired for violation of safety rules? YES NO

Disciplined or fired for assault or fighting? YES NO

Disciplined or fired for harassment? YES NO

Disciplined or fired for patient abuse? YES NO

Disciplined or fired for alcohol or drug related activity at work? YES NO

If you answered yes to any question above, please explain:

*Answers of Yes for any of the above questions will not necessarily disqualify you from employment.*

EDUCATION AND TRAINING

HIGH SCHOOL:

Name: Address:

Years completed:

Did you graduate? YES NO If not, highest grade completed:

Have you received your GED? YES NO

COLLEGE:

Name: Address:

Years completed:

Did you graduate? YES NO If not, highest year completed:

Degree: Major:

OTHER COLLEGE:

Name: Address:

Years completed:

Did you graduate? YES NO If not, highest year completed:

Degree: Major:

TECHNICAL SCHOOL:

Name: Address:

Years completed:

Did you graduate? YES NO If not, highest year completed:

Certificate: License:

Expires: Expires:

OTHER SCHOOL/TRAINING:

Name: Address:

Years completed:

Did you graduate? YES NO If not, highest year completed:

Certificate: License:

Expires: Expires:

OTHER:

Describe any additional qualifications or information that you feel would be beneficial for us to know when considering your application:

REFERENCES

List **three** persons, other than relatives, who have knowledge of your work experience and/or education.

Name: Address:

Occupation:

Years Known: May we contact? YES NO

Telephone Number (including area code):

Name: Address:

Occupation:

Years Known: May we contact? YES NO

Telephone Number (including area code):

Name: Address:

Occupation:

Years Known: May we contact? YES NO

Telephone Number (including area code):

List **two** personal references that have known you for at least three years outside work.

Name: Address:

How they know you:

Years Known: May we contact? YES NO

Telephone Number (including area code):

Name: Address:

How they know you:

Years Known: May we contact? YES NO

Telephone Number (including area code):

ACKNOWLEDGMENT

I certify that the information I have given on this application is true, complete and correct, and I understand that any false information, or the omission of information may be considered as sufficient reason for my discharge if hired. I recognize that completion of this application does not mean that job openings exist and does not obligate the Company in any way. Applications will remain active for six months, after which time re-application will be necessary. If hired, employment will be "at will" and either I or the Company is free to terminate the employment relationship at any time without cause and without prior notice. This application is not an agreement or a contract for employment.

If offered a position and at any time thereafter, I consent to medical examinations as may be required to determine my fitness to perform the job duties.

I understand that I may be required to undergo drug screening tests as a condition of employment. To comply with this requirement, I consent to providing a sample of my urine or other physical samples (such as blood or hair) prior to employment and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for legal substances may require proof of a current prescription. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by the Company as a condition of my employment, and I hereby give my consent to the release of all information which the Company deems necessary to determine my ability to perform job duties now or in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from this Company.

I hereby authorize the Company to investigate my employment history with former employers and to make any further investigation deemed necessary in connection with my application for employment, including a criminal history check, driving history check, child abuse clearance check, and other such inquiries.

Applicant's Signature: Date:

Printed Name: