



### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Drivers License#: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

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: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?

YES

NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities:  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?

YES

NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

**EMPLOYMENT DISCLAIMER**

**PLEASE READ THIS AGREEMENT CAREFULLY—THIS IS A BINDING LEGAL AGREEMENT THAT AFFECTS YOUR RIGHTS.**

I understand that consideration for employment is conditioned on the results of a reference, background check and driving records. I hereby authorize iTransit, LLC. ("iTransit") to investigate the truthfulness of all statements made on this application and any attachments to this application and to contact my former employers, other listed references or other persons who can verify information concerning this application, my background, and my suitability of employment.

I further authorize iTransit to discuss the results of any investigation with all of its employees, agents, or representatives who are involved in the hiring process. I further authorize all contacted persons and former employers to provide information concerning this application, my background, and suitability of employment, and I release each such persons and former employers from liability for providing such information.

I certify that the information contained in this application and in any attachments to this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail are grounds for disqualification from consideration for employment or, if hired, for dismissal from employment. I further understand that, if hired, my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either myself or iTransit

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

## **DRUG AND ALCOHOL POLICY**

**POLICY STATEMENT:** The purpose of this policy is to ensure public safety and to maintain a safe, and productive work environment for all employees by preventing accidents or other dangerous incidents that may result from drug or alcohol use. This policy pertains to all employees/Contractor of the company who have cause to be on company vehicle(s) and other properties. The possession, use or sale of alcohol on company premises during work hours is strictly prohibited. Further, the possession, use or sale of illegal drugs is prohibited at any time.

Employees/Contractor are prohibited from reporting to work under the influence of alcohol or drugs. An employee/contractor who is taking a prescription drug is required to present to the company a statement from the prescribing physician that the prescription drug will not impair the employee's work performance. The company will require drug testing of applicants for employment in safety-sensitive positions. Any applicant who refuses to submit to the test will no longer be considered eligible for employment. The company will require drug testing of employees who hold safety-sensitive positions. Any employee who refuses to submit to the test will no longer be considered eligible for employment.

Drug testing shall be conducted in accordance with DOT rules and regulations. Specifically, individuals will be tested for the presence of controlled substances [marijuana, cocaine, opiates, amphetamines, phencyclidine (PCP) and alcohol] and will be subject to pre-employment, reasonable cause, periodic, random, and post accident drug testing. Such individuals **MUST TEST NEGATIVE** for the presence of controlled substances.

In the interest of the safety and health of its employees, the company reserves the right to inspect and search, at random, unannounced times, all packages, boxes, clothing or any personal belongings carried on or off company property.

**DISCIPLINE:** Employees/Contractor found to be in violation of this policy by either directly possessing or using alcohol or drugs, as described above, or through a verified positive drug test or by court conviction, will be subject to immediate discharge from employment. Any employee/Contractor who fails to cooperate with the requirements set forth in this policy, including refusal to test, failure to provide a specimen within a reasonable time, failure to report for a scheduled appointment to provide a specimen or adulteration of a specimen, will be subject to disciplinary action which may include immediate termination of employment.

**ADMINISTRATIVE:** The company strictly prohibits the use, possession and/or sale of illegal drugs, drug paraphernalia or unsanctioned use of alcohol aboard company vehicle(s) or property. The company will cooperate fully with public authorities in the prosecution of anyone in violation of said prohibition.

Information concerning drug and/or alcohol test results and information concerning violations of this policy will be treated as confidential information. Such information will be released only to management representatives who have a need to know. This information will also be provided to the federal and state agencies where required by law or regulation. Test results or documentation showing the employee has been subject to random drug testing shall be provided to that employee or to his/her designated representative, upon written request by the employee.

### **ALCOHOL AND DRUG POLICY ACKNOWLEDGMENT**

I, \_\_\_\_\_, acknowledge that I have read the company alcohol/drug policy, and that I fully understand that violation of this policy will be grounds for immediate termination of my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_