



P. O. Box 1348
 Gilroy, CA 95021
 Tel. (408) 847-7080

TRI-COUNTY TRANSPORT HAS A MANDATORY DRUG & ALCOHOL TESTING PROGRAM POLICY.

PRINT CLEARLY, ANSWER ALL QUESTIONS AND ATTACH A CURRENT DMV DRIVING RECORD COPY

Date: _____

Name: _____ Social Security Number: _____
 Last First M. I.

Address: _____

Telephone Number: (Home) _____ (Other Number) _____

Position applied for: _____ Full Time _____ Part Time _____

Date Available to start: _____ Number of years of experience: _____

Can you after employment, submit verification of your legal right to work in the United States? _____

Who do we notify in case of emergency during working hours? _____ Tel. _____

Previous employment, START WITH MOST RECENT EMPLOYMENT (Complete address including zip code)

Employer	Address & Telephone	Position	Dates Employed	Reason for Leaving

Are currently employed? _____ If yes, may we contact your present employer? _____

Accident Record for the past 3 years

Date	Type of equipment	Injury or Death	Where	Employer

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Do you have any physical condition that may limit you to perform the job applied for? Yes ___ No ___
 If yes what can be done to accommodate your limitation? _____

Have you ever worked for this company before? _____ If yes, when? _____

Have you ever been convicted of a felony? _____ or a misdemeanor, _____, which resulted in imprisonment within the last two years? _____

Such conviction will not necessarily disqualify you from the position applied for
 License revoked in the last three years? _____ If yes, Explain: _____

References:

Name	Address & Telephone	Occupation	Years Acquainted

Education

	Name of school	Address	Graduate or Degree
Elementary School			
High School			
College, University or Technical School			

List the skills learned that you feel are relevant to the position you are applying for: _____

Safety driving awards, etc, _____

APPLICANT READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:

I authorize the employer or its agents to investigate my background for any information of concern to my record, whether it is of record or not and release the employer and/or agents from all liability that may arise on account of the background investigation.

I understand that misrepresentation or omission of facts called for on this employment application will, if hired, result in discharge. Labor code section 2922 states that employment, having no specified term, may be terminated at the will of either party. The employer adheres to this section of the labor code and hereby puts the applicant on notice that all employment offered by the employer may be terminated at the will of either party without cause.

I also hereby authorize my former employer to release to Tri-County Transport any controlled substances test results, and alcohol test results, evidence of refusals to be tested and any information on any required substance abuse professional evaluation; determination of the employee's need for assistance and employee's compliance with these recommendations for the two years preceding today's date. I request that such records be released immediately. This authorization is valid until withdrawn by me in writing.

I further authorize the use of photocopies of this release to be used by Tri-County Transport.

I certify that this application was completed by me and that all entries on it are true and complete, furthermore, I have read and understand all of the conditions upon which this offer of employment is made.

 Date

 Applicant's Signature