



# Northeastern Connecticut Transit District

## Application for Employment

*Please advise us in advance if you require an accommodation to complete this application*

**We are an *Equal Employment Opportunity Employer*.**

*We do 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, background checking standards are consistently applied to all applicants. It is essential that all information requested, including educational background, work, and residential history, be complete and accurate.*

**A pre-employment drug test is required for employment**

**Instructions:** Please type or print in black or blue ink. Answer all questions, filling in all blanks that apply. Answer "none" on questions that do not apply. Additional forms are available for each section, if needed.

Date:    /    /    /			
<b>General Information</b>			
Last Name	First	Middle	Date of Birth:    /    / as required by FMCSR Part 391.21 (b) (2)
Present Address			
Street:			
Town/City:	State:	Zip	How Long?
Phone:	Email Address:	If hired, can you present evidence of your legal right to work in the US?    Yes    No	
<b>List any other names that you have used in the past 10 years</b>			
Name Used	City	State/Zip	From / To
<b>List All Addresses for the Past 10 Years</b>			
Street	City	State/Zip	How Long?


Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
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What Position are you applying For?	Minimum Salary/Wage Requirement?	Social Security Number required by FMCSR Part 391.21 (b) (2) -            -
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How were you referred or became aware of our company?

Banner    Flyer    Print Ad    On-line Ad    Radio/TV Ad    State Employment Agency  
 Job Fair    Community Organization  
 Employee referral; Name:  
 Other:

Have You ever worked for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what position?	When?	
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If hired, what date are you available to start work?    /       /	Are you applying for <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute/on call	Are you able to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	
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### EDUCATIONAL BACKGROUND

	Name and location of school or college	Circle highest grade completed	Did you graduate?	What was your degree and major?
Elementary and Junior High/Middle school		1 2 3 4 5 6 7 8	-----	-----
High School and/or G.E.D.		9 10 11 12	___ Yes ___ No	-----
College		1 2 3 4	___ Yes ___ No	Degree _____ Major _____
Trade, Business, Correspondence or Graduate School		Degree / Certificate earned:	___ Yes ___ No	Degree _____ Major _____
List any other training or educational programs of note:				
List any academic honors or other special recognition you have received:				
List any extracurricular activities and school offices of note:				

### EMPLOYMENT HISTORY

All employment for the past 10 years must be noted below, including jobs held while in school or while in the military. Record your **present or most recent position first** and go back in chronological order. Resumes may not be substituted for any information requested, but may be submitted as an addendum to the completed application. Complete all questions for each position.

<b>Employer 1 name:</b>	Dates employed (mo/yr):	Salary / pay rate	
	From:        /	Beginning:	Ending:
	To:            /		
Employer Address:	Employer Phone #:		Supervisor's Name/Title
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:		

May we contact this employer?	Reason for leaving:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Employer 2 name:</b>	Dates employed (mo/yr):	Salary / pay rate	
	From:        /	Beginning:	Ending:
	To:         /		
Employer Address:	Employer Phone #:	Supervisor's Name/Title	
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:		
May we contact this employer?	Reason for leaving:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Employer 3 name:</b>	Dates employed (mo/yr):	Salary / pay rate	
	From: / To: /	Beginning:	Ending:
Employer Address:	Employer Phone #:	Supervisor's Name/Title	
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:		
May we contact this employer?	Reason for leaving:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Employer 4 name:</b>	Dates employed (mo/yr):	Salary / pay rate	
	From: / To: /	Beginning:	Ending:
Employer Address:	Employer Phone #:	Supervisor's Name/Title	
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:		
May we contact this employer?	Reason for leaving:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER**

Dates:		Reason:
From:	To:	

**LICENSE INFORMATION**

State	License #	Type & Endorsements	Expiration date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
- B. Has any license, permit or privilege ever been suspended or revoked?
- C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation?
- D. Have you in the past three (3) years failed or refused a DOT-mandated pre-employment test(s)?

**If "YES" to any of the above, explain:**

**How many years of driving experience do you have?**    \_\_\_ Less than 3 years    \_\_\_ 3 years or more

**DRIVING EXPERIENCE**

	Class of Equipment	Type of equipment (van, tank, flat, etc.)	Dates		Approximate total number of miles
			From	To	
Straight Truck				/	
Auto or Van				/	
Bus				/	
Other _____				/	

List all state where you have held a CDL in the last five years:

List special driving courses or training you have received:

What driving awards have you received? From whom?

Have you had experience supervising children or vulnerable adults? Explain:

Have you ever driven a bus? \_\_\_\_ Yes \_\_\_\_ No

If yes, for what company or school district?

Dates:

Salary / pay rate:

**ACCIDENT REVIEW FOR PAST 3 YEARS**

	Date	Nature of accident (head-on, rear-end, etc.)	Fatalities	Injuries (other than yourself)
Last collision				
Next previous				
Next previous				

**TRAFFIC CITATIONS/ CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)**

Location	Date	Charge	Penalty

**ADDITIONAL QUALIFICATIONS**

Briefly summarize any additional qualifications you believe are important

*Note: This Application for Employment will be considered active for 90 calendar days.*

**APPLICANT'S STATEMENT AND RELEASE**

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, may result in termination of my candidacy or any subsequent employment.

I authorize the Company and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA).

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer 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.

I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

<b>Applicant Name:</b>		<b>Date:</b>	
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<b>Applicant Signature:</b>			
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**INTERNAL USE ONLY**

<b>Individual receiving &amp; reviewing application:</b>	<b>Title:</b>	<b>Date:</b>
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# APPLICANT/DRIVER CERTIFICATION STATEMENT



Have an applicant/transfer, or a driver returning from layoff/leave, complete this form to document his/her drug and alcohol testing history.

As a best practice have each applicant, transfer or driver returning from leave complete this form to document any prohibited alcohol or drug conduct the individual may have engaged in. When you conduct the mandatory background investigations you will confirm the information provided by the driver.

## Certification Statement

I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being hired or termination of employment.

Date of Application/Return: \_\_\_\_\_ Print Full Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

I understand that, the DOT regulations require \_\_\_\_\_ to contact the DOT-regulated employers  
*Employer Name*  
for which I worked during the previous two years from the date of my application to obtain information about any drug and/alcohol violations I may have had during that time. The below information, to the best of my recollection, is true and accurate.

## No Information To Report

**NO**, I have no information to report. I was not deemed to have violated the drug and alcohol prohibitions during the previous two years.

## Information To Report On My Drug And Alcohol History

**Yes**, when applying for a safety-sensitive position with a DOT-regulated employer, or while employed in such position for any DOT agency (FMCSA, FAA, FRA, FTA, USCG or RSPA), it was determined that I had violated the drug and alcohol prohibitions within the previous two years.

At the time of the violation I was:  An applicant  An employee  
As a result of the violation I:  Have  Have not completed the Return-to-Duty process.

I was deemed to have violated one or more of the following DOT prohibitions	Date of Violation
<input type="checkbox"/> I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer or as a pre-employment test	
<input type="checkbox"/> I had a verified positive drug test result for a prior employer or as a pre-employment test	
<input type="checkbox"/> I refused to be tested (includes submitting a verified substituted or adulterated specimen)	
<input type="checkbox"/> I performed safety-sensitive functions within four hours after using alcohol	
<input type="checkbox"/> I used alcohol while performing safety-sensitive functions	
<input type="checkbox"/> I was involved in an accident that required post-accident testing and I used alcohol before I was tested	
<input type="checkbox"/> I used controlled substances while performing safety-sensitive functions	
<input type="checkbox"/> I was deemed to have violated a drug and/or alcohol regulation under any mandated program which I have not listed above	

Below I have indicated the employer that has the information on the violation and/or the completion of my return-to-duty process. I have also included information, if applicable, about the Substance Abuse Professional (SAP) whose care I was/am under.

Prior Employer (or company I applied to) Company Name:
Designated Employer Representative (DER):
Employer Address:
Employer Telephone Number:
(SAP) name:
(SAP) address:
(SAP) telephone:

**DAT 3 - APPLICANT/DRIVER CERTIFICATION**

Retain for 3 Years

Discard After:

# INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION



Use this form to obtain drug and alcohol information from an applicant's previous employer.

## IMPORTANT CHANGES TO THESE REGULATIONS!

*This form is only to be used by municipalities and intrastate employers who do not have to meet the 49 CFR Part 391 requirements for performing a Safety Performance History Inquiry.* If you operate commercial motor vehicles in interstate commerce you will need to perform a Safety Performance History Inquiry (49 CFR Part 391). This inquiry requires you to obtain alcohol and controlled substance information for the previous **three (3) years**. If this change applies to your business you may use form SPH 3 to perform the required Safety Performance History Inquiry in lieu using of this inquiry form or you may use this form provided that you complete the other associated requirements of Part 391.23.

**DAT 2 - ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION**

Retain for 3 Years

Discard After:

Section I: To Be Completed By Applicant	
Applicant's Name:	
Social Security Number:	Date of Application:
Signature:	
<i>As the applicant, my signature authorizes Previous Employer to release the information requested to my Prospective Employer indicated herein.</i>	
Previous Employer Information	
Employer Name:	Telephone:
Designated Employer Representative (DER):	Fax:
Address:	Dates of Employment:
City, State, Zip:	

Section II: To Be Completed By Hiring Employer	
Prospective Employer's Name:	
Attention:	
Address:	
City, State, Zip:	
Confidential Fax:	Confidential e-mail:
Telephone No.:	Date Form Mailed:

### Section III: To Be Completed By Previous Employer

**Indicate if this former employee had any of these violations dating two years prior to the date of application:**

- |  |   |
|--|---|
| Confirmed alcohol test result with a concentration of 0.04 or greater                  | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> No Knowledge |
| Verified positive controlled substances test result                                    | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> No Knowledge |
| Refusal to be tested (including verified adulterated or substituted drug test results) | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> No Knowledge |
| Other violations of DOT agency drug and alcohol testing regulations                    | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> No Knowledge |

\* With respect to any employee, who violated a DOT drug and alcohol testing regulation, please provide documentation of the employee's successful compliance with the DOT return-to-duty requirements. Be sure to include any requirements not completed to date, such as follow-up tests, etc. If the individual is still in the return-to-duty process, define the requirements that must be met.

- Separate documentation is enclosed
- Employee did not complete the DOT requirements while in our employment.

**Individual who completed this form for Previous Employer:**

Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

