Tri-Valley Transit Inc. Application for Employment

Addison Office
297 Creek Rd, Middlebury, VT 05753
Phone: 802-388-2287 Fax: 802-388-1888

Orange/N. Windsor Office
1 L St., Randolph, VT 05060
Phone: 802-728-3773 Fax: 802-728-6232

Date: _______________________

Last Name ___________________________________________ First ___________ Middle ___________

Street Address ___________________________________________ City ___________ State ___________

Mailing Address, if different ___________________________________________

Home Phone ______________________ Cell Phone ______________________ Email Address ______________________

Are you legally eligible for employment in the United States? ________________________________

Location you are applying for (circle one): Bradford ________________________________ Middlebury ________________________________ Randolph ________________________________

Position you are applying for: ________________________________ Full-time ________________________________ Part-time ________________________________

Please attach your resume and references, if available, to this application.

EDUCATION

Circle the last year completed:

High School 1 2 3 4 Name of School: ________________________________
College 1 2 3 4 Name of School: ________________________________
Graduate School 1 2 3 4 Name of School: ________________________________
Other Schooling: ________________________________

Please list relevant training or courses that you have completed and/or certificates held: ________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________
### PREVIOUS EMPLOYMENT

Starting with your most recent job, please list all employers you have worked for in the past 10 years. Attach additional sheets if necessary.

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<th>序号</th>
<th>职位</th>
<th>入职</th>
<th>离职</th>
<th>公司名称和地址</th>
<th>工作职责</th>
<th>上司姓名及电话</th>
<th>离职原因</th>
<th>是否同意联系作为参考</th>
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Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain a job during the past 2 years? ______________________
**DRIVING RECORD**

A. Driver’s License Number: ____________________________ State: ____________________________
   Expiration Date: __________ Number of years driving: ____________________________
   Do you have a current commercial driver’s license? __________ Class: ____________________________
   If yes, do you have a) a passenger endorsement? __________
      b) an air brake endorsement? __________
   Is it legally in full force and effect? ______________________________________________________
   Do you have a current medical card? __________ Expiration Date: __________

B. Please detail your vehicular accident record for the past 3 years. Attach additional sheets if necessary.

   Date | Nature of Accident (head-on, rear-end, upset, etc.)
   ---- | --------------------------------------------------------
   1. | ______________________________________________________
   2. | ______________________________________________________
   3. | ______________________________________________________

C. Please detail all of your traffic convictions for the past 3 years. This does not include parking violations. Attach additional sheets if necessary.

   Date | Location | Charge | Penalty
   ---- | -------- | ------ | ------
   1. | __________ | __________ | __________
   2. | __________ | __________ | __________
   3. | __________ | __________ | __________

D. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? __________
   If yes, please attach a statement to this application providing details.

E. Has your license, permit, or privilege ever been suspended or revoked? __________
   If yes, please attach a statement to this application providing details.

F. Have you ever received any safe driving awards? __________
   If yes, please detail dates and types of awards: ____________________________________________
      ____________________________________________
      ____________________________________________
      ____________________________________________

G. Please list below any out-of-state addresses where you have lived in the last ten (10) years:
   Address: __________________________________________________________________________
   Dates at this address: __________ Did you have a driver’s license in this state? __________
   Address: __________________________________________________________________________
   Dates at this address: __________ Did you have a driver’s license in this state? __________

   Please attach any additional addresses on a separate sheet.

**NOTE:** TVT may require you to provide a copy of your complete driving record from these states. If TVT requires these documents, TVT will reimburse the cost of the record.
If employment is offered to you, TVT will perform a pre-employment drug test and a set of background checks including, but not necessarily limited to, those listed below. Any final employment offer is contingent upon the results of these checks.

- Driving Record
- State Criminal Record(s)
- Adult and Child Abuse Registries
- Medicaid Fraud
- National Background Check

How did you hear of our opening?

- Company website
- Recruiter
- Social media
- Radio/TV ad
- Employee/Volunteer referral – Name _______________________________
- Print Ad – Name of publication ____________________________
- Other – Please explain: _________________________________

**TO BE READ AND SIGNED BY APPLICANT**

I hereby grant Tri-Valley Transit Inc. permission to investigate my personal, financial, and credit history through any investigative or credit agencies or bureaus of its choice.

I hereby grant Tri-Valley Transit Inc. permission to contact any references I have given, and also grant such references full permission to speak truthfully and in detail about me.

I acknowledge and agree that in connection with any conditional offer of employment, I may have to submit to a medical examination, including pre-employment drug and alcohol testing by a physician assigned by Tri-Valley Transit Inc.

I hereby warrant that the foregoing answers are true in every particular, and I further agree to resign immediately from the employ of Tri-Valley Transit Inc. should any one of my statements or answers on this application be found inaccurate, misleading, or incomplete.

**Failure to provide full and accurate information on this application will be grounds for immediate termination of employment.**

______________________________       ________________________________
Signature                                      Date

______________________________
Name (printed)