

Senior Transportation Connection

APPLICATION FOR EMPLOYMENT

4735 West 150th St. Suite A
Cleveland, Ohio 44135
1-800-983-4782 FAX 216-265-2830

Drug Free
Workplace

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, AND GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought:

Driver

Other: (Specify position)

Office/Clerical

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you over the age of 18 years old [] Yes [] No How did you hear about us _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of any crime? [] Yes [] No If yes, please describes circumstances: _____

Have you ever worked for a DOT-regulated employer? [] Yes [] No

“Have you 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the past two years?” [] Yes [] No

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No if yes, please describe circumstances: _____

If selected for employment, are you willing to submit to pre-employment & random drug screening tests? [] Yes [] No

Have you ever been employed with any of our facilities? [] YES [] NO

If yes, please give dates of employment, location and reason for leaving: _____

Senior Transportation Connection

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

EMPLOYMENT HISTORY

List other information pertinent to the employment you are seeking: _____

(Most Recent First)

1. Employer _____ Job Title _____
Dates Employed (Starting Date) _____ (Ending Date) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____ May we Contact this employer [] Yes [] No

2. Employer _____ Job Title _____
Dates Employed (Starting Date) _____ (Ending Date) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____ May we Contact this employer [] Yes [] No

3. Employer _____ Job Title _____
Dates Employed (Starting Date) _____ (Ending Date) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____ May we Contact this employer [] Yes [] No

4. Employer _____ Job Title _____
Dates Employed (Starting Date) _____ (Ending Date) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____ May we Contact this employer [] Yes [] No

Senior Transportation Connection

REFERENCES				
Name	Occupation	Address	Phone Number	Yrs. Known

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that all information provided on the application for employment Background Check Consent and Attestation Form are complete and accurate to the best of my knowledge. I understand that falsification, misrepresentation or omission of the facts in the application will disqualify me from further consideration or, if I am hired, will be sufficient cause for my immediate dismissal. I understand that any employment offer made to me is contingent upon my educational background, reference checks, professional license, criminal background check, driving record, physical examination, and a controlled substance screen.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release all such persons from any and all liability or damages from having furnished such information.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Senior Transportation Connection does not guarantee employment for any period of time. The organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

Senior Transportation Connection

Background Check Disclosure & Authorization

Disclosure to Applicant/Employee That a Consumer Report May Be Obtained by Employer

Please note that in connection with your application for employment and/or ongoing employment with our Company, we may obtain a "consumer report," as defined in the Fair Credit Reporting Act (FCRA), from a consumer reporting agency. Consumer reports include, but are not limited to, credit reports, criminal background checks and motor vehicle reports.

Authorization for Employer to Obtain Consumer Report

By signing below, I hereby acknowledge that I have read the above disclosure and voluntarily authorized the Company, including its agents and representatives, to obtain a consumer report on me for use in connection with my application for employment or ongoing employment with the Company. If hired or currently employed, I understand that this authorization will remain on file and will serve as an ongoing authorization, to the extent permitted by law, for a consumer report to be lawfully obtained at any time in connection with my employment.

I further understand that the Company will provide me a copy of the consumer report if the information in the report is used, in any way, to make decisions regarding my fitness for employment with the Company. I understand that the report will be made available to me before any employment decisions are made, along with a summary of my rights under the Fair Credit Reporting Act.

The following information is necessary to confirm your identity for completing an accurate background check; it is confidential and will not be taken into consideration in any employment decisions.

Please print

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____ City: _____ State: _____ ZIP: _____

Please List previous addresses for the past seven years (in chronological order):

Previous Address: _____ From: / / To: / /

Previous Address: _____ From: / / To: / /

Previous Address: _____ From: / / To: / /

Social Security Number _____ Other Names Used (alias, maiden):

Date of Birth: / / Drivers License Number/State:

Signature of Applicant/Employee _____ Date: _____

Name of Company/Employer: SENIOR TRANSPORTATION CONNECTION Date: _____