



Southeast Area Transit District
21 Route 12, Preston CT 06365

Operator Application for Employment*

Note to Applicant: Please advise us in advance if you require an accommodation to complete this application.

Southeast Area Transit District (SEAT) is an Equal Employment Opportunity employer. SEAT does not discriminate against an 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, SEAT consistently applies background checking standards to all applicants. It is essential that all information requested, including educational background, work, and residential history, be complete and accurate.

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

Date: / /

GENERAL INFORMATION

Last Name		First	Middle	Date of Birth: / / required by FMCSR Part 391.21 (b) (2)	
Present Address: Street		City	County	State	Zip
Telephone Number and Area Code: Primary () Secondary ()			Email address:		If hired, can you present evidence of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any other names that you have used in the past 10 years					
Name Used		City	County	State	From / To
List all addresses for the past 10 years					
Street		City	County	State	Zip
					How long? (mo/yr)

Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			
What position are you applying for?		Minimum salary / wage requirement:		Social Security Number: - - required by FMCSR Part 391.21 (b) (2)	
How were you referred to our company?		<input type="checkbox"/> Banner <input type="checkbox"/> Flyer <input type="checkbox"/> Print Ad <input type="checkbox"/> On-line Ad <input type="checkbox"/> Radio/TV Ad <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Job Fair <input type="checkbox"/> Community Organization <input type="checkbox"/> Employee referral-Name: <input type="checkbox"/> Other			
Have you ever worked for Southeast Area Transit District? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?		When?	
Have you ever applied to Southeast Area Transit District? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?		When?	
If hired, what date are you available to start work? / /	Would you accept employment in another city? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Are you able to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends

***For all driving positions, or positions where a CDL is held, or required**

Note: A pre-employment drug test is required for employment.
SEAT is an Equal Opportunity Employer that values diversity

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____
Trade, Business, Correspondence or Graduate School		Degree / Certificate earned:	<input type="checkbox"/> Yes <input type="checkbox"/> 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. Please add additional pages if necessary.

Employer name:		Dates employed (mo/yr):			
		From: /	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	
Employer name:		Dates employed (mo/yr):			
		From: /	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	
Employer name:		Dates employed (mo/yr):			
		From: /	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	

IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER		
Dates:		Reason:
From:	To:	

LICENSE INFORMATION			
State	License #	Type	Expiration date
<p>A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Have you in the past three (3) years failed or refused a DOT-mandated pre-employment test(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
If "YES" to any of the above, explain:			
How many years of driving experience do you have?		<input type="checkbox"/> Less than 3 years <input type="checkbox"/> 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 states 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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, upset, etc.)	Fatalities	Injuries (other than yourself)
Last collision				
Next previous				
Next previous				

TECHNICIAN / MECHANIC APPLICANTS ONLY

Type of experience	Length of experience	Type of experience	Length of experience
Engine tune-up; Diesel		Air Brakes / Steering	
Engine tune-up; Gas		Brakes / Steering	
Electrical Systems		Lubrication	
Clutch & Transmission-Truck		Tire repair	
Inspection License Class		Do you own your own shop tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List current ASE's:			
Describe your diagnostic experience:			
List any other skills which are relevant to the position you seek:			

ADDITIONAL QUALIFICATIONS

Briefly summarize any additional qualifications you believe are important

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

If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for any specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the General Manager of SEAT or his or her designee.

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.

Applicant Name:		Date:	
Applicant Signature:			

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

INTERNAL USE ONLY			
Individual receiving & reviewing application:	Title:	Your location #:	Date:

APPLICANT DISPOSITION:			
<input type="checkbox"/>	A. Applicant withdrew from process	<input type="checkbox"/>	F. Failed pre-employment test or license requirement
<input type="checkbox"/>	B. Disclosure of a disqualifying event	<input type="checkbox"/>	G. Does not meet minimum age requirement
<input type="checkbox"/>	C. Can not work required hours	<input type="checkbox"/>	H. Conditional offer made
<input type="checkbox"/>	D. Application reviewed—not selected	<input type="checkbox"/>	I. Falsification of Application
<input type="checkbox"/>	E. Interviewed—not selected	<input type="checkbox"/>	J. Failed background check