



Southeast Area Transit District  
21 Route 12, Preston CT 06365

## 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 with "No" or "Not Applicable" (N/A) on questions that do not apply. Additional forms are available for each section if needed.

**Date:**     /     /

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

<b>Have you ever been fired or asked to resign by an employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, explain:</b>			
<b>What position are you applying for?</b>		<b>Minimum salary / wage requirement:</b>			
<b>How were you referred to our company?</b>		<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			
<b>Have you ever worked for Southeast Area Transit District?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Where?</b>		<b>When?</b>	
<b>Have you ever applied to Southeast Area Transit District?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Where?</b>		<b>When?</b>	
<b>If hired, what date are you available to start work?</b> /     /				<b>Are you applying for:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
				<b>Are you able to work:</b> <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	

**SEAT is an Equal Opportunity Employer that values diversity**

EDUCATIONAL BACKGROUND (Resume may be substituted)				
	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		
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 (Resume may be substituted\*)

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 substituted for any information requested, *but please provide contact information for those employers we may contact\** Otherwise, complete all questions for each position and attach additional sheets if necessary.

<b>Employer name:</b>		<b>Dates employed (mo/yr):</b>			
		From: / /	To: / /	:	
<b>Employer address:</b>			<b>Employer phone #:</b>	<b>Supervisor's name &amp; title:</b>	
<b>Position(s) held:</b>		<b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b>			
<b>May we contact this employer?</b>		<b>Reason for leaving:</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Employer name:</b>		<b>Dates employed (mo/yr):</b>			
		From: / /	To: / /	:	
<b>Employer address:</b>			<b>Employer phone #:</b>	<b>Supervisor's name &amp; title:</b>	
<b>Position(s) held:</b>		<b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b>			
<b>May we contact this employer?</b>		<b>Reason for leaving:</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Employer name:</b>		<b>Dates employed (mo/yr):</b>			
		From: / /	To: / /	:	
<b>Employer address:</b>			<b>Employer phone #:</b>	<b>Supervisor's name &amp; title:</b>	
<b>Position(s) held:</b>		<b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b>			
<b>May we contact this employer?</b>		<b>Reason for leaving:</b>			
<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:	

ADMINISTRATIVE SUPPORT APPLICANTS ONLY			
Type of experience	Length of experience		Type of experience
AP / AR			Microsoft Excel
Multi-line phone system			Microsoft Word
Typing / keyboarding		WPM:	Microsoft Outlook
10-key calculator		Accuracy:	Microsoft PowerPoint
List any other skills which are relevant to the position you seek:			

COMPUTER EXPERIENCE		
Software & Hardware (PC or Platforms)	Length of experience	Skill level (expert, moderate, beginner)

**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 Southeast Area Transit District 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 for safety sensitive positions 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.

<b>Applicant Name:</b>		<b>Date:</b>	
<b>Applicant Signature:</b>			

**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

## Equal Employment Opportunity/ Affirmative Action Voluntary Information

SEAT is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, national origin, ancestry, religion, sex, age, marital status, veteran status, sexual orientation, present or past history of mental disorder, mental retardation, learning disability including but not limited to blindness or any other group as determined by law. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In order to meet state and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This information will be used and kept in strictest confidence in accordance with applicable laws and regulations. This information will not become a part of your personnel file, and will not be used for interview purposes. Your cooperation in completing this form is appreciated as will enable us to evaluate our recruitment process in accordance with Affirmative Action policies. Thank you.

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

What source prompted you to apply? (Website, Newspaper, Word of Mouth) Please specify:

\_\_\_\_\_

Gender (check one): Male \_\_\_\_\_ Female \_\_\_\_\_

Are you disabled as per the definition\*? ☐ Yes ☐ No

\*One having a verifiable physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such impairment as defined by Americans with Disabilities Act (ADA).

**Veteran Status:** ☐ Vietnam Era Veteran ☐ Veteran ☐ Disabled Veteran ☐ Not applicable

**Race/Ethnic Group (The Federal Government uses the following definitions of race/ethnic groups). (Check one):**

☐ **White:** (not of Hispanic origin) A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **Black/African American:** (not of Hispanic origin) A person with origins in any of the black racial groups of Africa.

☐ **Hispanic/Latino or of Spanish Origin:** A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin, regardless of race.

☐ **Asian:** A person with origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, including China, Japan, Korea, the Philippine Islands, Cambodia, India, Malaysia, Pakistan, Thailand and Vietnam.

☐ **American Indian or Alaskan Native:** A person with origins in any of the original peoples of North American and who maintains cultural identification through tribal affiliation or community recognition as an American Indian or Alaskan Native.

☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number\*

\*You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397.