

EASTERN CONNECTICUT TRANSPORTATION CONSORTIUM, INC.

18 Meridian Street New London Connecticut 06320

APPLICATION FOR EMPLOYMENT

Position Applying for _____ Date of Application _____

Name in full _____ Phone # _____
(First) (Middle) (Last)

Current address _____ How long? _____
(Number & Street) (City) (State & Zip Code)

List addresses for past three years _____ How long? _____
(Attach sheet if more space is needed) (Number & Street) (City) (State & Zip Code)

_____ How long? _____
(Number & Street) (City) (State & Zip Code)

Social Security Number _____

Date available _____ Hours available for work _____

In case of emergency notify _____
(Name, Address, Phone #)

Check off all that currently apply to you:

- Public Passenger Transportation Permit Commercial Drivers License (CDL)
 CPR Certified Standard First Aid Certified
 Hepatitis B Vaccination Hepatitis B Immune Globulin

Have you ever had a fidelity bond denied, suspended or revoked? Yes No If yes, please explain__

EDUCATION

SCHOOL	NAME OF SCHOOL	ADDRESS	LIST GRADUATE OR TYPE OF DEGREE
Grade School			
High School			
College or University			
Business or Technical			
Other			

CONTINUED

EMPLOYMENT RECORD

(Provide a complete list of all employment and reasons for periods of unemployment during the past 10 years. Start with the most recent position first)

EMPLOYER (LIST LAST ONE FIRST)	ADDRESS	POSITION	EMPLOYED FROM TO	SALARY	REASON FOR LEAVING
1.					
2.					
3.					
4.					
5.					

DO NOT CONTACT	
Employer Number(s) _____	Reason _____

List three (3) personal references: (Name, Address, Phone Number)

I _____ hereby give Eastern Connecticut Transportation Consortium, Inc. permission to contact any or all references and past employers listed above (unless indicated by number in the "DO NOT CONTACT" box) and obtain any and all information pertinent to the position for which I am applying.

Date

Signature of applicant

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information written on my application, presented at my interview(s) or documented during my physical exam or drug screening, may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I understand and agree that my employment is dependent upon continued satisfactory conduct and performance of work as well as upon the Organization's need for my services. I also understand and agree that if I am hired by Eastern Connecticut Transportation Consortium, Inc. I may resign at any time for any reason and the Organization may terminate my employment at any time for any reason.

I have carefully read, and understand, all inquiries and subject matter printed on this Application for Employment.

Date

Signature of applicant

NOTICE TO APPLICANTS

ECTC is required to notify applicants of intent to conduct drug screen urine/breath alcohol testing and to obtain consent to run license checks and criminal check.

Drug Testing

The Eastern Connecticut Transportation Consortium, Inc., hereinafter referred to as ECTC, requires successful completion of a USDOT drug test as required by 49 CFR Part 653 as part of its post-employment screening process. Additionally, ECTC requires successful completion of a drug screen urine test and/or breath alcohol test if ECTC has reasonable suspicion that the employee is under the influence of drugs and/or alcohol, which adversely affects or could adversely affect the employee's job performance. ECTC also requires employees with job descriptions that include driving and/or vehicle dispatching to undergo random drug screen and/or breath alcohol testing. Testing is conducted for ECTC by an outside, professional laboratory. Further details will be provided to applicants who successfully meet ECTC's other criteria for employment.

Motor Vehicle Reporting

ECTC will obtain a license check as part of its employment process and random checks thereafter. A motor vehicle report will be issued to ECTC through an authorized, professional agency.

Criminal History Conviction Information Report

ECTC will obtain criminal history information as part of its employment process. A report will be issued to ECTC from the Department of Public Safety, State Police Bureau of Identification.

Acknowledgment of Understanding and Consent

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR Part 653. I understand that a negative test result is required before I will be considered for hire. Furthermore, I am consenting to the license check(s) to be conducted based on the information from my motor vehicle license and to a criminal history conviction check.

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED.

APPLICANT'S SIGNATURE

DATE

Application Pre-Interview Questions

To be completed by applicant prior to interview

I _____ understand these questions, completed by me on this day _____ 20____, will become part of my application for employment with Eastern Connecticut Transportation Consortium, Inc. (ECTC).

1. Do you have any driving violations? We do license checks!
2. Explain in detail your past positions in relation to position applying for. (If not detailed on resume.)
3. What type of experience do you have in passenger transportation and for how long?
4. Are you able to lift packages (grocery bag weight) and push and pull a person in a wheelchair?
5. Are you able to drive in inclement weather, i.e. snow, heavy rain?
6. Are you able to read a map?
7. Are you able to follow verbal directions over a radio?
8.
 - a.) Have you ever worked with persons with special needs or elderly?
 - b.) Do you feel comfortable working with people with special needs (elderly, physically or mentally disabled)?
9. If not certified in First Aid & CPR are you willing to go for training?
10. Are you willing and able to work flexible hours or split shifts, weekends and evenings?
11. If not scheduled to work are you available in an on-call situation?
12. What do you think is the first consideration for a driver at all times?
13. What type of passenger vehicles have you driven?
14. Do you have reliable transportation and a phone?
15. Are you familiar with the roads in Southeastern CT?
16. Are you willing to assist passengers to, from, on and off vehicle, load & unload packages and assist with any duties assigned such as shopping?

17. Would you be able to keep the vehicles clean, and be courteous to passengers at all times?
18. Do you work well under time constraints?
19. How did you hear of this position?
20. Do you have any training or schooling that is pertinent to the position you are applying for?
21. Did you enjoy working for your previous employers?
If not, why?
22. Do you feel that they would rehire you?
23. We do reference checks. What do you think your previous employer will tell us about you?
24. Do you consider yourself a team player? Give an example.
25. How many traffic tickets, not parking tickets, have you received in the past 3 years? Explain.
26. How many traffic accidents have you had in the past 3 years? Explain.
27. Has your license to operate a motor vehicle ever been revoked or suspended? Explain.