

Application for Employment

Bucks County Transport, Inc.
PO Box 510
Holicong, PA 18928
(215) 794-5554

OFFICIAL USE ONLY	
Start Date	_____
Employee #	_____

SECTION 1:

POSITION APPLYING FOR:

(SUBMIT SEPARATE APPLICATION FOR EACH POSITION)

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET APT #

_____ CITY STATE ZIP CODE COUNTY

HOME PHONE: () _____ **ALTERNATE PHONE:** () _____
 CELL MESSAGE OTHER

EMAIL ADDRESS: _____ HOME WORK

_____ LIST PREVIOUS NAME, IF ANY SOCIAL SECURITY NUMBER

HOW DID YOU LEARN OF THIS JOB OPENING?
 ADVERTISEMENT (LIST WHERE): _____ EMPLOYMENT SECURITY INTERNET
 JOB POSTING EMPLOYEE REFERRAL (NAME): _____ OTHER: _____

ARE YOU A CURRENT OR FORMER Bucks County Transport, Inc. Employee? YES NO
POSITION: _____ **DATE HIRED:** _____ **EMPLOYEE#:** _____

SECTION 2: WORK HISTORY

PLEASE LIST ALL YOUR WORK HISTORY FOR THE PAST TEN (10) YEARS, EVEN IF YOU INCLUDE A RESUME. START WITH YOUR MOST RECENT JOB, AND LIST ANY GAPS IN EMPLOYMENT. USE ADDITIONAL SHEETS AS NECESSARY. INCOMPLETE WORK HISTORY INFORMATION MAY DISQUALIFY YOU.

POSITION TITLE COMPANY NAME
ADDRESS COMPANY PHONE NUMBER
SUPERVISOR'S NAME YES NO SUPERVISOR'S PHONE NUMBER
OKAY TO CONTACT?

JOB DUTIES

REASON FOR LEAVING CURRENT ANNUAL SALARY \$ # HRS WORKED PER WK DATE HIRED (Mo / Yr) DATE LEFT (Mo / Yr)

APPLICANT NAME: _____ POSITION APPLYING FOR: _____

POSITION TITLE _____ COMPANY NAME _____

ADDRESS _____ COMPANY PHONE NUMBER _____

SUPERVISOR'S NAME _____ YES NO
OKAY TO CONTACT? SUPERVISOR'S PHONE NUMBER _____

JOB DUTIES _____

REASON FOR LEAVING _____ \$
ENDING ANNUAL SALARY # HRS WORKED PER WK DATE HIRED (MO / YR) DATE LEFT (MO / YR)

POSITION TITLE _____ COMPANY NAME _____

ADDRESS _____ COMPANY PHONE NUMBER _____

SUPERVISOR'S NAME _____ YES NO
OKAY TO CONTACT? SUPERVISOR'S PHONE NUMBER _____

JOB DUTIES _____

REASON FOR LEAVING _____ \$
ENDING ANNUAL SALARY # HRS WORKED PER WK DATE HIRED (MO / YR) DATE LEFT (MO / YR)

POSITION TITLE _____ COMPANY NAME _____

ADDRESS _____ COMPANY PHONE NUMBER _____

SUPERVISOR'S NAME _____ YES NO
OKAY TO CONTACT? SUPERVISOR'S PHONE NUMBER _____

JOB DUTIES _____

REASON FOR LEAVING _____ \$
ENDING ANNUAL SALARY # HRS WORKED PER WK DATE HIRED (MO / YR) DATE LEFT (MO / YR)

SECTION 3: PROFESSIONAL REFERENCES

LIST CURRENT OR PREVIOUS SUPERVISORS OR PERSONS WHO HAVE OBSERVED YOUR ON-THE-JOB PERFORMANCE:

1. _____
NAME ADDRESS/PHONE NUMBER OCCUPATION YEARS KNOWN

2. _____
NAME ADDRESS/PHONE NUMBER OCCUPATION YEARS KNOWN

3. _____
NAME ADDRESS/PHONE NUMBER OCCUPATION YEARS KNOWN

APPLICANT NAME: _____ POSITION APPLYING FOR: _____

SECTION 4: EDUCATION / SKILLS

TYPE OF SCHOOL	SCHOOL AND LOCATION	DATES OF ENROLLMENT	GRADUATED? YES OR NO	MAJOR COURSE	DEGREE
HIGH SCHOOL OR G.E.D.					
TECHNICAL/VOCATIONAL					
UNDERGRADUATE					
GRADUATE					
OTHER COURSES AND TRAINING					

LIST MEMBERSHIPS WITH PROFESSIONAL ORGANIZATIONS OR TRAINING, SKILLS, CERTIFICATES, LICENSES, AND AWARDS RELATED TO THE POSITION YOU ARE SEEKING:

SECTION 5: OTHER INFORMATION

ARE YOU RELATED TO ANY EMPLOYEE AT Bucks County Transport, Inc. Yes No
IF YES, PLEASE LIST NAME: _____ RELATIONSHIP: _____ DEPARTMENT: _____

DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes No ISSUING STATE: _____
DRIVER'S LICENSE #: _____ EXPIRATION: _____
CDL? Yes No ENDORSEMENTS: _____ OVER THE AGE OF 18? Yes No

ARE YOU A US CITIZEN? Yes No ARE YOU ELIGIBLE FOR LAWFUL EMPLOYMENT IN THE US? Yes No

PLEASE NOTE: If you are applying for a safety-sensitive position, pursuant to FTA 49 CFR Part 655, you will be required to take and pass a pre-employment drug test.

*I certify that the information given by me to Bucks County Transport, Inc. is true and complete to the best of my knowledge. I understand that if employed, false, omitted, or misleading information given by me may subject me to immediate dismissal.
I certify that I am not engaged in any outside activity or business that may be considered a conflict of interest with Bucks County Transport, Inc., nor will I engage in such activity or business if employed.*

I authorize Bucks County Transport, Inc. to conduct a background investigation and to seek information regarding my character, general reputation, credit, and previous employment history. I release all parties and persons from all claims, liabilities, and damages for providing information about my background and employment history.

If employed, I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the company or myself. I understand that no representative of the company other than the CEO, or designee, has any authority to make an official offer of employment for any specified period of time or make any agreement contrary to the foregoing.

If employed, I agree to make myself available for medical examination and drug and alcohol testing upon request by Bucks County Transport, Inc. and in accordance with Federal Transit Administration (FTA) regulations and the Americans with Disabilities Act.

Signature: _____ Date: _____

BUCKS COUNTY TRANSPORT, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARTIAL STATUS, DISABILITY STATUS OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. WE VALUE AND ENCOURAGE DIVERSITY IN OUR WORKFORCE.