



220 North Grant Avenue  
 Kittanning, PA 16201  
 724.548.8696  
 employment@tandctransit.com

**Application for  
 Employment**

**Instructions: Thank you for your interest in employment with Town and Country Transit. Please complete all sections of this employment application to be considered for employment. We are an equal opportunity employer. Use additional paper if necessary to provide complete answers to any questions. Applications accepted in person M-F 8:00am-3:45pm at administrative offices, by mail, or by email listed above.**

**Section 1: Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Social Security Number: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

**Please list all addresses where you have resided in the past 3 years:**

Address: \_\_\_\_\_  
Street City State Zip Code

Address: \_\_\_\_\_  
Street City State Zip Code

Address: \_\_\_\_\_  
Street City State Zip Code

**Section 2: Desired Employment**

Desired Position: \_\_\_\_\_ Available Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Compensation Desired: \_\_\_\_\_

Have you ever applied for employment at this company before? Yes  No

Where: \_\_\_\_\_ When: \_\_\_\_\_

Have you ever worked for this company before? Yes  No

Where: \_\_\_\_\_ When: \_\_\_\_\_

Please list any other name under which you have been employed: \_\_\_\_\_

Are you legally authorized to work in the United States on an unrestricted basis for any employer? Yes  No

Have you ever been convicted of a felony? Yes  No

If yes, please explain: \_\_\_\_\_

### Section 3: Education

Education/Type	Name and City	Did you Graduate?		Degree Received
High School	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
College	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Graduate School	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Other	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

### Section 4: Employment History

Please provide your complete Employment History for the last 3 years. If you drove a commercial vehicle at any time in the 7 years before the last 3 years, please detail that employment information also. Ask for/use extra paper if necessary.

Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Starting Date (M/Y): \_\_\_\_ / \_\_\_\_ Date Last Worked (M/Y): \_\_\_\_ / \_\_\_\_ Job Title: \_\_\_\_\_

Summarize Work Performed and Job Responsibilities: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

May we contact your supervisor? Yes  No  If no, why? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Employer's Phone #: ( ) \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes  No

Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? Yes  No

## Section 4: Employment History, continued

Name of Present or Last Employer: _____			
Address: _____			
Street	City	State	Zip Code
Starting Date (M/Y): ____ / ____	Date Last Worked (M/Y): ____ / ____	Job Title: _____	
Summarize Work Performed and Job Responsibilities: _____			
Reason(s) for Leaving: _____			
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____			
Supervisor's Name: _____ Title: _____ Employer's Phone #: (    )			
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Name of Present or Last Employer: _____			
Address: _____			
Street	City	State	Zip Code
Starting Date (M/Y): ____ / ____	Date Last Worked (M/Y): ____ / ____	Job Title: _____	
Summarize Work Performed and Job Responsibilities: _____			
Reason(s) for Leaving: _____			
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____			
Supervisor's Name: _____ Title: _____ Employer's Phone #: (    )			
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## Section 4: Employment History, continued

Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Starting Date (M/Y): \_\_\_\_ / \_\_\_\_

Date Last Worked (M/Y): \_\_\_\_ / \_\_\_\_

Job Title: \_\_\_\_\_

Summarize Type of Work Performed and Job Responsibilities: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

May we contact your supervisor? Yes

No

If no, why? \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employer's Phone #: ( ) \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes

No

\_\_\_\_\_

Was your job designated as safety sensitive function in any DOT Regulated mode? Were you subject to DOT-Required Drug and Alcohol Testing? Yes

No

\_\_\_\_\_

### Employment Gaps:

Explain any periods that you were not working during the last 10 years other than due to personal illness, injury or disability. \_\_\_\_\_

### Related Information:

If you hold any certifications, are a member of any job related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. \_\_\_\_\_

### Job Skills and Qualifications:

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance. \_\_\_\_\_

## Section 5: Driver Information

**Driver's license information:** Please list all States in last 3 years where a license was held.

	State	License Number	Type (Class)	Expiration Date
Driver's Licenses				

**Driving experience:** Please list all driving experience.

Class of Equipment	Type of Equipment (Flatbed, Van, Mini-Bus etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Bus				
Tractor and Semi-Trailer				
Other (Indicate Type)				

**Accident record for the past 3 years or more** (Attach sheet if more space is needed)

	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities?	Injuries?
Last Accident				
Next Previous				
Next Previous				
Next Previous				

**Traffic Convictions and Forfeitures for the past 3 years** (Other than parking violations)

Location	Date	Charge	Type of Vehicle Operations

## Section 5: Driver Information, continued

If the answer to any of the questions below is Yes, please attach a statement giving details.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No   
*If you answer "yes", you must attach a statement giving details.*
2. Have any license, permit or driving privilege ever been suspended or revoked? Yes  No
3. For the past 2 years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work? Yes  No

*If you answered "yes", you must identify the DOT-regulated employers and when the testing took place in the space below. You must provide the Company with documentation that you successfully completed the return-to-duty process required by the DOT regulations. Failure to provide this documentation to the Company within two (2) weeks or other time period determined by the Company will result in the withdrawal of any job offer/transfer.*

## Section 6: Acknowledgement, Certification, Authorization

I, the applicant, certify that the entries and information set forth in this Application are true and complete to the best of my knowledge. I understand that deliberately entering false information will result in the withdrawal of any offer/transfer.

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Applicant Signature

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Date

## Section 6: Acknowledgement, Certification, Authorization, continued

**PLEASE READ CAREFULLY BEFORE SIGNING. Initial this page where indicated and sign the next page after reading all certifications and notices contained therein.**

1. I certify that the information contained in this application for employment at the Company is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
2. I understand that if I am offered employment at the Company it is at-will and can be terminated at any time and for any reason with or without advance notice by myself or the company.
3. I understand and agree that only the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
4. I understand and agree that the Company may make a full complete investigation of my personal employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability, which may arise as a result of furnishing or receiving this information. I understand and agree any employment offer or continued employment shall authorize the Company to provide truthful information (fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the company for truthfully communicating any such information to be potential or future employer.
5. I understand and agree that I may be required to submit to drug testing and complete a medical examination as part of my application for employment. I also understand and agree that I may be required to submit to additional medical examinations during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I consent to such testing, and authorize the physician conducting the examination and any laboratory testing, any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company, if requested. The Company will keep such results confidential and disclose the results only to persons who need to know where required by law. Also, I agree to fully cooperate and provide the company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
6. I agree that the Company may investigate and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying.
7. I understand and agree that if offered employment by the Company I may be required to disclose military service information in accordance with law, and that any such employment offer shall be depended upon the receipt of satisfactory military record as determined by the Company.
8. If hired, I agree not to disclose or use confidential information belonging to prior employees and that I will inform the Company of any agreements that would limit my ability to work for the Company.

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**Initial Here**

## Section 6: Acknowledgement, Certification, Authorization, continued

### Disclosure and Authorization to Obtain Consumer Reports and Driving Performance History

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, the Company may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization. I hereby acknowledge that the Company has disclosed, in writing, that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

I hereby acknowledge and consent to the Company to obtain and review reports of driver history from states in which a license has been held in accordance with, but not limited to, 48 CFR Part 391. This consent shall be considered continuing, permitting for additional driver history inquiries as deemed necessary by the Company for the entire length of my employment with the Company.

### Previous Employer Inquiries and Investigations

As required by 391.23, we will make investigative inquiries to previous DOT-regulated employers related to your employment history, drug and alcohol testing results, and accident history. We will use this information in our hiring decision. Pursuant to 391.23, you have the following rights with regard to responses received in these areas from previous DOT-regulated employers:

1. The right to review information provided by previous DOT-regulated employers;
2. The right to have errors in the information corrected by the previous employer; and for that previous employer to re-send the corrected information to the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information.

If you wish to review previous DOT-regulated employer information received in response to required inquiries, you must submit a written request to the prospective employer no later than 30 days after being employed or being notified of denial of employment. After making such written request, any information received will be provided to you within five days, unless no such information has been provided in response to required inquiries. For information on procedures to rebut information provided by previous DOT-regulated employers, see Title 49 of the Coded Federal Regulations (CFR), Part 391.23(j).

**I hereby acknowledge and certify that I have read and understood these Authorizations and Notifications on this and the previous page (pages 7-9) of this Application for Employment.**

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Authorization Signature

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Date

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Print Name





**SECTIONS 2 & 3: Previous Employer:** Complete the information in this section; sign, date and return to the Prospective Employer.

Section 2	TO BE COMPLETED BY PREVIOUS EMPLOYER
<b>DRUG AND ALCOHOL HISTORY</b>	
If the driver was not subject to US DOT testing requirements while employed by you, please check here <input type="checkbox"/> sign, and return. OR: Driver was subject to US DOT testing requirements from _____ to _____	
	<b>YES      NO</b>
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentrate?	<input type="checkbox"/> <input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/> <input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/> <input type="checkbox"/>
4. Has this person committed other violations of DOT drug and alcohol regulations?	<input type="checkbox"/> <input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If no, please send documentation back with this form. If you are unsure, check yes.	<input type="checkbox"/> <input type="checkbox"/>
6. For a driver who successfully completed SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested?	<input type="checkbox"/> <input type="checkbox"/>
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous two years prior to the application date shown in Section 1.	

Section 3	TO BE COMPLETED BY PREVIOUS EMPLOYER
<b>EMPLOYMENT &amp; COLLISION HISTORY.</b> To assist in evaluation of the applicant please provide the following information:	
(1) The applicant named in Section 1 above was employed by us.      Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ (position)      From: (Mo./Yr.) ____/____      To: (Mo./Yr.) ____/____	
(2) Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type of vehicle? _____	
(3) Why did he/she leave your Company? Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/>	
(4) Would you re-hire? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>COLLISIONS/ACCIDENTS HISTORY:</b>	
Date:	Location
____/____/____	_____
____/____/____	_____
____/____/____	_____
# Injuries	# Fatalities
_____	_____
_____	_____
_____	_____

SIGNATURE
Company & Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>Company Name</span> <span>City</span> <span>State</span> <span>Zip code</span> </div> Name: _____      Telephone #: (    ) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>Signature</span> <span>Date</span> </div>