



15 Industrial Parkway
Burlington, VT 05401

Phone (802) 864-0211
Fax (802) 864-5564

APPLICATION FOR EMPLOYMENT

Date: _____

_____ XXX-XX-
Last Name First Middle Social Security #

Street Address City State Zip Code

Home Phone Cell Phone

Are you legally eligible for employment in the United States? _____

Position you are applying for: _____ Full-time _____ Part-time _____

How did you learn of this opening? _____

Please attach your resume and additional references, if available, to this application.

EDUCATION

Circle the last year completed:

High School 1 2 3 4 Name of School: _____

College 1 2 3 4 Name of School: _____

Graduate School 1 2 3 4 Name of School: _____

Other Schooling: _____

Please list relevant training or courses that you have completed: _____

PREVIOUS EMPLOYMENT

Starting with your most recent job, please list all employers you have worked for in the last 10 years. Attach additional sheets if necessary.

1. Job Title: _____
Dates Employed: from _____ to _____
Company Name and Address: _____

Job Duties: _____

Supervisor Name and Phone Number: _____
Reasons for leaving: _____
May we contact as a reference? _____

2. Job Title: _____
Dates Employed: from _____ to _____
Company Name and Address: _____

Job Duties: _____

Supervisor Name and Phone Number: _____
Reasons for leaving: _____
May we contact as a reference? _____

3. Job Title: _____
Dates Employed: from _____ to _____
Company Name and Address: _____

Job Duties: _____

Supervisor Name and Phone Number: _____
Reasons for leaving: _____
May we contact as a reference? _____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain a job during the past 2 years?

DRIVING RECORD

A. Driver's License Number: _____ State: _____

Expiration Date: _____

Do you have a current commercial driver's license? _____

If yes, do you have a) a passenger endorsement? _____

b) an air brake endorsement? _____

Is it legally in full force and effect? _____

B. Please detail your vehicular accident record for the past 3 years. Attach additional sheets if necessary.

Date	Nature of Accident (head-on, rear-end, upset, etc.)
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1. _____

2. _____

3. _____

C. Have you ever received any safe driving awards? _____

If yes, please detail dates and types of awards: _____

To BE READ AND SIGNED BY APPLICANT

GMT encourages job applications from all qualified people, regardless of a person's criminal record; providing qualified applicants the opportunity to explain a criminal record when applying.

There are specific positions within the organization designated as safety sensitive, where a criminal conviction may cause the candidate to be deemed ineligible for hire in that position, regardless of the circumstances.

I hereby grant Green Mountain Transit (GMT) permission to investigate my personal, financial, and credit history through any investigative or credit agencies or bureaus of its choice.

I hereby grant GMT permission to contact any references I have given, and grant such references full permission to speak truthfully and in detail about me.

I acknowledge and agree that in connection with any conditional offer of employment, I may have to submit to a medical examination, including pre-employment drug and alcohol testing by a physician assigned by GMT.

I hereby warrant that the foregoing answers are true in every particular, and I further agree to resign immediately from the employ of GMT should any one of my statements or answers on this application be found inaccurate, misleading, or incomplete.

Failure to provide full and accurate information on this application will be grounds for immediate termination of employment.

Signature

Date

Name (printed)