

Managers Int. \_\_\_\_\_

# Ocean State Transit LLC.

6 Black Plain Road  
Exeter, RI 02822

Exeter  E. Greenwich  E. Providence  Chariho  Middletown  S. Kingston

## Application for Employment

We are an equal opportunity employer and consider applicants for all positions without regard to race, color, age, religion, creed, physical or mental disability, gender, national origin, marital or veteran status, sexual orientation or any other legally protected status.

**(Please Print In Ink)**

**PERSONAL INFORMATION** (MUST HAVE 3 YEARS RESIDENT HISTORY ) Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Full Middle

Present Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Years/Month

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Years/Month

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip Years/Month

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Were you referred by a current employee?  Yes  No  
If yes, please give name and location \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Desired Position: \_\_\_\_\_ Salary/Rate of pay desired: \_\_\_\_\_ Full Time  Part Time

If applying for a Driving Position:

Are you at least 21 years old?  Yes  No

Do you have at least 3 years of verifiable driving experience in the U.S.?  Yes  No

Are you legally eligible to work in the United States? (Proof of eligibility will be required upon offer of employment)  
 Yes  No

Have you previously applied for employment with our company?  Yes  No Where: \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever worked for our company before?  Yes  No Where: \_\_\_\_\_ Dates \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

**HOURS OF SERVICE**

Are you currently working for any other employers, full or part time?  Yes  No

If yes, will you continue this employment if offered a position with our company?  Yes  No

If yes, give company name and current scheduled hours worked indicating start and end times.

Company name: \_\_\_\_\_

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

**EDUCATION**

Name and Location	Years Completed	Did you Graduate?	Course of Study
High School			
College			
Vocational School			
Other			

**EMPLOYMENT HISTORY**

Begin with current or most recent employer. Do not exclude any employment including temporary employment. Previous wages will not be used to determine compensation. Please provide previous employer information for the past ten (10) years. If you need additional space, please attach a separate sheet. Any gaps in any employment history dates must be explained.

**CURRENT EMPLOYER (most recent)**

May we contact your current employer?  Yes  No

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Company Email Address \_\_\_\_\_

Position Held \_\_\_\_\_ Rate of Pay \_\_\_\_\_

If employed as a driver, list total years and months of prior experience with each type of equipment:

School Bus: \_\_\_\_\_ Van \_\_\_\_\_ Other (\_\_\_\_): \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for leaving: \_\_\_\_\_

**2<sup>nd</sup> LAST EMPLOYER:**

May we contact this employer?  Yes  No

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Company Email Address \_\_\_\_\_

Position Held \_\_\_\_\_ Rate of Pay \_\_\_\_\_

If employed as a driver, list total years and months of prior experience with each type of equipment:

School Bus: \_\_\_\_\_ Van \_\_\_\_\_ Other (\_\_\_\_): \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No

Reason for leaving: \_\_\_\_\_

**3rd LAST EMPLOYER:** May we contact this employer?  Yes  No  
 Company \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Company Email Address \_\_\_\_\_  
 Position Held \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
 If employed as a driver, list total years and months of prior experience with each type of equipment:  
 School Bus: \_\_\_\_\_ Van \_\_\_\_\_ Other ( \_\_\_\_\_ ): \_\_\_\_\_  
 Were you subject to the Federal Motor Carrier Safety Regulations during this period?  Yes  No  
 Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?  Yes  No  
 Reason for leaving: \_\_\_\_\_

**Explain any gaps from application and last employment in job history** \_\_\_\_\_

**REFERENCES**

If Self Employed, applicants must submit three Good Citizen Reference Forms from three persons, not related to you, who you have known at least 7 year.

**ADDITIONAL/SPECIALIZED TRAINING**

List any training programs presently attending or completed: (ex: First Aid, First Responder, CPR)

School	Address City/State	Phone Number	From - To

**MOTOR VEHICLE LICENSES**

List all motor vehicle licenses held within the last 10 years.

STATE	LICENSE NUMBER	CLASS	DATE SURRENDERED	EXPIRATION DATE	COMMERCIAL DRIVERS LICENSE?	ENDORSEMENTS
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

**MOTOR VEHICLE ACCIDENTS**

List all motor vehicle accidents.

DATE	DESCRIBE ACCIDENT	VEHICLE TOWED?	SERIOUS INJURIES?	FATALITIES?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES FOR PAST 3 YEARS**

(Please do not list parking violations)

Violation	Date	Violation	Date
Violation	Date	Violation	Date

While operating a commercial/motor vehicle, have you ever been convicted of reckless driving, careless driving or careless operation of a commercial/motor vehicle?

Yes       No       Date \_\_\_\_\_  
 Month/Year

Have you ever been convicted for driving under the influence of alcohol, a narcotic drug, marijuana, amphetamines or derivatives thereof?

Yes       No       Date \_\_\_\_\_  
 Month/Year

Has any license, permit or privilege ever been suspended or revoked for any reason?

Yes       No       Date \_\_\_\_\_  
 Month/Year

Have you ever tested positive on any drug test, tested at a breath alcohol concentration level of 0.02% or greater on a breath alcohol test, or refused to take a drug or alcohol test when you were required to do so in accordance with any federal regulation or previous/current employer's company policy?    Yes     No     Date \_\_\_\_\_

Month/Year

If you answered YES to any of the above, please explain:

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Have you ever been convicted of a crime? (A conviction will not necessarily disqualify you from employment).

Yes       No

If yes please explain:

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**Fair Credit Reporting Act Disclosure Statement**

In accordance with the provision of Section 604(b) (2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

## Driver Notification

This notice serves to fulfill the requirements of 49 CFR Part 391.23(i). Each motor carrier must notify each driver, who is regulated by the Department of Transportation, of their rights regarding investigative information that will be provided to a prospective employer.

Drivers have:

- The right to review information provided by previous employers.
- 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;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

## Past Pre-Employment Drug & Alcohol Testing

In accordance with 49 CFR Part 40.25(j) the employer is required to ask the employee:

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes

No

## Please Read Carefully Before Signing

- 1) I hereby certify that all of the information provided by me in this application (or any other accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or in termination of employment regardless of the timing or circumstances of discovery.
- 2) I hereby authorize this employer to thoroughly investigate: all of the statements I have made in this application; and my references, work record, and education; and all matters related to my suitability for employment.
- 3) I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended that such employment with this employer is at will, for no specified duration and may be terminated, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the employer or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the employer except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President.
- 4) I understand that if offered a position, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer, or termination of employment if already employed.
- 5) In accordance with the provisions of 49 CFR Part 382.413 I hereby authorize and require my previous and/or current employers specifically listed by me on page 2 and 3 of this application to release the results (including any refusal to test) of all drug and alcohol test taken by me pursuant to the provisions of 49 CFR while in their employ to this employer by whatever means is most expedient. This includes any drug or alcohol completed by you, the applicant, for potential employment. I further release and agree to hold harmless each specifically listed previous or current employer as well as any employee, agent, or representative thereof from all liability or damage that may arise from the release of these results.

6) In consideration for employment with this company, if employed, I agree to conform to the rules, regulations, policies and procedures of this company at all times and understand that such obedience is a condition of employment. I understand that due to the nature of this business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action.

7) I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference, or by whom I have previously employed, to furnish this employer any information they may have concerning my employment or training to give such information to other companies and carriers requesting such information. I hereby release all such persons and organizations for any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish to this employer information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

8) An individual is not permitted to drive a motor vehicle by the Department of Transportation unless he/she is physically qualified to do so. If prior to a conditional offer of employment you are uncertain as to whether or not you are capable of passing the Federal DOT physical or have questions about the requirements, you may submit your application and, if contacted about employment, request additional information from our personnel. A conditional offer of employment may be made, thereafter; you will be required to answer some medical questions. You may still be sent for a physical examination.

Any information provided to this employer is strictly confidential and will be used only for the purposes allowed by the Department of Transportation.

This certifies that this application was completed by me, and that all entries and information is true and accurate to the best of my knowledge.

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Applications from 31 to 90 days beyond the date above must show revisions and applicants initials and a final signature and date.

Revision Date \_\_\_\_\_ Signature \_\_\_\_\_

**Office Use Only**

Applications older than 30 days at the time of hire must be revised. The applicant should make any revisions on this original application and initial each change. When complete, sign and date below:

Applicant Signature \_\_\_\_\_ Revision Date \_\_\_\_\_

**After 90 days a new complete application is required.**