

Adirondack/Pine Hill/New York Trailways
499 Hurley Avenue – Hurley, NY 12443

BUS MECHANIC

Application for Employment

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEXUAL ORIENTATION OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Date of Application _____ Date of Birth _____

Position(s) Applied for: [] Full-time [] Part-time

Name _____ Social Security # _____
Last First Middle

Address _____
Street or P.O. Box Number/Apartment Number

City _____ State _____ Zip Code _____ Phone Number _____

ADDRESS(ES)
FOR PAST
THREE YEARS _____ How Long? _____
Street City State/Zip

Street City State/Zip _____ How Long? _____

Are you legally eligible for employment in the United States? Yes _____ No _____

Do you possess a valid Class A or Class B Commercial Driver's License with a 'P' endorsement? Yes _____ No _____

Possessing (or obtaining within 6 months of employment) a Class A or B CDL, with a 'P' Endorsement, is a condition of employment.

If yes, please list license # _____

In case of emergency notify _____
Name Address Phone Number

Have you worked for this company before? _____ Where? _____

Dates/From: _____ To: _____ Pay Rate _____ Position Held _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected? _____

**Federal D.O.T. Regulations & Company Policies
require a physical, and drug and alcohol testing**

Employment History

Applicants must provide the following information for all employers during the preceding 10 years. Additional Space is provided in "Remarks" Section on Page 4.

LAST EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

SECOND LAST EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

THIRD LAST EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

*INCLUDES DRIVING OR MAINTAINING VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

ACCIDENT RECORD FOR THE PAST 3 YEARS.

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

(IF NONE, WRITE NONE) IF ADDITIONAL SPACE IS NEEDED, USE 'REMARKS' SECTION ON PAGE 4

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(IF NONE, WRITE NONE) IF ADDITIONAL SPACE IS NEEDED, USE 'REMARKS' SECTION ON PAGE 4.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
(Name) (City)

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A MECHANIC: _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

ALL DRIVER LICENSES LAST 3 YEARS	STATE	LICENSE NO.*	TYPE	EXPIRATION DATE
	NEW YORK			

***APPLICATION CANNOT BE PROCESSED WITHOUT LICENSE NUMBER**

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

If the answer to either A or B is yes, Explain in "Remarks" Section on Page 4

MAINTENANCE/DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (BUS, VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

EXPERIENCE AND QUALIFICATIONS – OTHER

LIST ANY BUS, TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

HAVE YOU **EVER BEEN CONVICTED** OF A MISDEMEANOR OR FELONY? _____ Yes _____ No

REMARKS: _____

TO BE READ AND SIGNED BY APPLICANT

I certify that all four pages of this Application were completed by me, and that all entries and information provided are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial and driving history, and other related matters, as may be necessary to reach an employment decision. I understand that I have the right to review and rebut the results of such investigations and inquiries upon which you rely to reach an employment decision.

I hereby release employers, schools and persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

_____ Date

_____ Applicant's Signature

Completing the following form is optional, but it must be submitted with your application.

Voluntary Affirmative Action Information

Please read all instructions carefully before completing the form

Anti-discrimination Notice: It is unlawful employment practice for an employer to fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment because of such individual's race, color, religion, sex, national origin or other protected categories by law.

Our company is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to **voluntarily** self-identify their race, ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment and is not a part of your official application for employment. The information will not be used in any hiring decision. The information provided will be kept confidential and may only be used in accordance with the provisions of the applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Please return the completed form with your application for employment. Your cooperation is appreciated.

INVITATION TO SELF-IDENTITY *Please answer the following questions:*

Name _____

Date _____

Position applying for _____

What is your gender? Male Female

What is your race/ethnicity? *You may mark only one box.*

- Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East or North America.
- Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above races.

REFERRAL SOURCE: ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL
 GOVERNMENT EMPLOYMENT AGENCY PRIVATE EMPLOYMENT AGENCY INTERNET OTHER _____

FOR PERSONNEL DEPARTMENT USE ONLY: **Hired** ____/____/____ **Not Hired**

<u>EEO CLASSIFICATION:</u>	1. Executive/Senior level Officials & Managers	2. First/Mid Level Officials & Managers		
	3. Professionals	4. Technicians	5. Sales	6. Administrative Support
	7. Craft Workers (skilled)	8. Operatives (semi-skilled)	9. Laborers & Helpers (unskilled)	10. Service Workers