

APPLICATION FOR EMPLOYMENT

Marble Valley Regional Transit District

158 Spruce Street
Rutland, VT 05701

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?
	Other special training or skills (languages, machine operation, etc.)			
	Do you have a valid drivers license? YES NO Is it a Commercial Drivers License (CDL)? YES NO What Class? _____ What endorsements? _____			

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business /Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number (s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying. _____ _____		

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.

(Exclude those which may disclose your race, color, religion, age or national origin)

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

_____ Date

_____ Signature

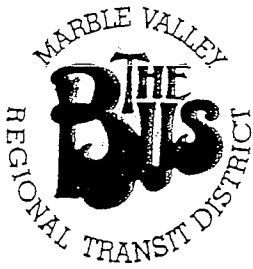
FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments

SELECTFORM, INC. believes that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.



MARBLE VALLEY REGIONAL TRANSIT DISTRICT

158 Spruce Street • Rutland, Vermont 05701-4422

Lawrence A. Dreier, Administrator

APPLICANT ACKNOWLEDGEMENT
OF DRUG TEST REQUIREMENT

I understand and acknowledge that, as part of my application for employment (re-employment) with Marble Valley Regional Transit District, I must successfully complete a USDOT urine drug test as required by 49 CFR Part 655, as amended. I acknowledge and understand that a negative test result is required before I will be considered for (re)hire.

Printed Name

Signature of Applicant

Date

(Your application for employment will not be considered unless this acknowledgement is completed and signed.)

Revised 02/13/2002

Tel: 802-773-3244
Fax: 802-773-0840

Email: ladx@vermontel.com
Website: <http://www.thebus.com>

Brokerage Division
Tel: 802-773-8682
Fax: 802-747-3501

Supplement to MVRTD Application Form

Please write a brief statement explaining what interests you about working for Marble Valley Regional Transit District and what duties you would most like to perform.

Work Schedule

Please place a check mark after all you are willing to work. (Note - MVRTD operates 365 days a year, with three shifts over the winter season and two shifts the remainder of the year.)

Weekdays _____ Weekends _____ Holidays _____

Mornings: _____ Afternoons: _____ Evenings: _____

Nights: _____ Part-Time: _____ 5 days/40 hours: _____

6 days/48 +hrs: _____ Split Shift: _____

Name: _____

Signature: _____

Date of Application: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

1. Print name _____
First, MI, Last _____ Social Security Number _____

Hereby authorize that

Previous Employer _____ Telephone _____

Street _____ Fax No. _____

City, State, Zip _____

Applicant/Transferee signature _____ Date _____

This request is made in compliance with CFR 49 part 40 S40.25 as amended

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If the above person was not subject to DOT testing requirements while employed by this employer, please check here _____, sign below and return.

1. Has this person had alcohol tests with a result of 0.04 or higher alcohol concentration during the two previous years? YES _____ NO _____

2. Has this person had a verified positive drug test during the two previous years? YES _____ NO _____

3. Has this person refused a required test for drugs or alcohol this includes any verified adulterated or substituted drug test results during the previous two years? YES _____ NO _____

4. Has this person violated the DOT agency drug and alcohol testing regulations in any other way during the previous two years? YES _____ NO _____

5. If this person has violated a DOT drug and alcohol regulation please provide documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). Return-to-duty test date: _____ Has successfully completed 6 follow-up tests first 12 months back to work _____
Individual has _____ follow-up tests left to complete Substance Abuse Professional's recommendations.

DOT regulations require that employers provide any drug or alcohol test or other applicable DOT information obtained from a previous employer.

YES to any of the above questions, please give the Sap's (Substance Abuse Professional) name, address and phone number for further reference.

SA Name _____ Street _____

City, State, Zip _____ Telephone _____

Section 2 completed by: Signature _____ Printed Name _____

Employer Name: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was _____ FAXED to previous employer _____ mailed (check one) Date: _____

Complete below when information is obtained:

Information received from

Recorded by: _____

Method received: FAX _____ Mail _____

Date: _____

