

SSTA
2091 Main Street Colchester, Vermont 05446
802-878-1527

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not discriminate against any candidate on the basis of race, color, ancestry, religion, gender, gender identity, age, marital or domestic or civil union status, national origin, sexual orientation, place of birth, genetic information, veteran status, military status or disability as defined and required by state and federal laws.

Date: _____

<i>Last Name</i>	<i>First</i>	<i>Middle Initial</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Email Address</i>		<i>Home and/or Cell Phone</i>	

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

Do you have a valid Drivers License? Yes _____ No _____

Number _____ State _____

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

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony or misdemeanor other than a parking ticket? Failure to disclose any felony/misdemeanor information may result in immediate termination or rescindment of an offer of employment. Yes _____ No _____

If yes please provide information regarding the offense.

This form must be filled out in its entirety, if not the application and applicant will not be considered for employment.

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?

Yes _____ No _____

POSITION INFORMATION

Position(s) you are applying for: _____

Availability: FT: ____ PT: ____ Hours available for work *Monday - Friday*? _____

Hours available for work *Saturday - Sunday*? _____

Have you filed an application with us before? _____ If yes, when? _____

Have you worked for us before? _____ If yes, when? _____

EDUCATION

Circle the last year completed:

High School	1	2	3	4	Name of School: _____
College	1	2	3	4	Name of School: _____ Degree: _____
Graduate School	1	2	3	4	Name of School: _____ Degree: _____
Other Schooling: _____					
Please list relevant training or courses that you have completed: _____ _____ _____					

This form must be filled out in its entirety, if not the application and applicant will not be considered for employment.

EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent job. Attach additional sheets if necessary. Account for all periods of time. If self employed give Company name and supply business references.

Most recent
EMPLOYER: _____ Address: _____

Your Position: _____ Employed from (dates) _____ to _____

Supervisor's Name & Title: _____ May we contact? Yes _____ No _____

If no, why? _____ Phone Number: _____

Job Duties: _____

Key Responsibilities: _____

Reason for Leaving: _____

EMPLOYER: _____ Address: _____

Your Position: _____ Employed from (dates) _____ to _____

Supervisor's Name & Title: _____ May we contact? Yes _____ No _____

If no, why? _____ Phone Number: _____

Job Duties: _____

Key Responsibilities: _____

Reason for Leaving: _____

This form must be filled out in its entirety, if not the application and applicant will not be considered for employment.

EMPLOYER: _____ Address: _____

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Key Responsibilities: _____

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EMPLOYER: _____ Address: _____

Your Position: _____ Employed from (dates) _____ to _____

Supervisor's Name & Title: _____ May we contact? Yes _____ No _____

If no, why? _____ Phone Number: _____

Job Duties: _____

Key Responsibilities: _____

Reason for Leaving: _____

Please list any special skill, qualifications, or experience that is relevant to the position(s) for which you are applying. I.e .First aid, computer skills, office equipment, special licenses, etc: _____

This form must be filled out in its entirety, if not the application and applicant will not be considered for employment.

REFERENCES

References may be personal or professional, please do not list relatives.

Name: _____ Address: _____

Telephone No. _____ Email Address: _____

Please check: Professional _____ Personal _____ How do you know this person? _____

Name: _____ Address: _____

Telephone No. _____ Email Address: _____

Please check: Professional _____ Personal _____ How do you know this person? _____

Name: _____ Address: _____

Telephone No. _____ Email Address: _____

Please check: Professional _____ Personal _____ How do you know this person? _____

Name: _____ Address: _____

Telephone No. _____ Email Address: _____

Please check: Professional _____ Personal _____ How do you know this person? _____

APPLICANT'S CERTIFICATION

I certify that the information provided here is true and correct. I understand that any incomplete, incorrect or false statement or misrepresentation may result in denial of employment or dismissal if I am hired. I further understand that SSTA may make any necessary investigations into my personal history as it relates to my employment, through any investigative means. I hereby release SSTA and any persons or organizations that provide information, from all legal responsibilities or liability that may arise from said investigations. I understand that all offers of employment are conditional upon satisfactory background checks, references, and drug and alcohol tests.

Signature of Applicant: _____ Date: _____

This form must be filled out in its entirety, if not the application and applicant will not be considered for employment.

SSTA
NOTICE REGARDING MANDATORY DRUG TESTING

SSTA is federally mandated to test all potential employees for the presence of illegal drugs.

All applicants being considered for employment will be given an offer of employment that is conditional upon passing a urine test for the presence of illegal drugs.

If an applicant fails to pass the tests the offer of employment to that individual will be rescinded.

All applicants applying for a position at Special Services Transportation Agency need to sign below acknowledging that they know they will be tested as a condition of employment. Failure to do so will cause the application to be incomplete.

Signature of Applicant: _____ Date: _____