**Special Services Transportation Agency**

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**2091 Main Street, Colchester VT 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:Click or tap to enter a date.

Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text. Middle Initial:Click or tap here to enter text.

Street Address: Click or tap here to enter text. City:Click or tap here to enter text. State/Zip:Click or tap here to enter text.

Email Address:Click or tap here to enter text. Home and/or Cell Phone: Click or tap here to enter text.

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

Do you have a valid driver’s license? Yes[ ]  No[ ]

License number:Click or tap here to enter text. State:Click or tap here to enter text.

Please detail your vehicular accident record for the past 3 years.

Date:Click or tap here to enter text.

Location:Click or tap here to enter text.

Charge:Click or tap here to enter text.

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 Click or tap here to enter text.

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: Click or tap here to enter text.

Availability: Full-Time [ ]  Part-Time[ ]  Hours available for work- Monday-Friday? Click or tap here to enter text.

Hours available for work Saturday-Sunday?Click or tap here to enter text.

Have you filed an application with us before? Yes[ ]  No[ ]  If yes, when? Click or tap here to enter text.

Have you worked for us before? Yes[ ]  No[ ]  If yes, when? Click or tap here to enter text.

Education

Check the last year completed

High School: 1[ ]  2[ ]  3[ ]  4[ ]  Name of School:Click or tap here to enter text.

College: 1[ ]  2[ ]  3[ ]  4[ ]  Name of School:Click or tap here to enter text. Degree:Click or tap here to enter text.

Graduate School: 1[ ]  2[ ]  3[ ]  4[ ]  Name of School:Click or tap here to enter text. Degree:Click or tap here to enter text.

Other Schooling:Click or tap here to enter text.

Please list relevant training or courses that you have completed: Click or tap here to enter text.

***Employment History***

Please list your work experience beginning with your most recent job.

Employer: Click or tap here to enter text.

Address:Click or tap here to enter text.

Your Position:Click or tap here to enter text.

Employed from (dates): Click or tap to enter a date. toClick or tap to enter a date.

Supervisors Name & Title: Click or tap here to enter text.

May we contact? Yes[ ]  No[ ]

If no, why?Click or tap here to enter text.

Phone number:Click or tap here to enter text.

Job duties: Click or tap here to enter text.

Key Responsibilities: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

Employer: Click or tap here to enter text.

Address:Click or tap here to enter text.

Your Position:Click or tap here to enter text.

Employed from (dates): Click or tap to enter a date. toClick or tap to enter a date.

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Job duties: Click or tap here to enter text.

Key Responsibilities: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

***References***

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

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Please check: Professional [ ]  Personal[ ]

How do you know this person?Click or tap here to enter text.

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Please check: Professional [ ]  Personal[ ]

How do you know this person?Click or tap here to enter text.

Name: Click or tap here to enter text.

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Email address: Click or tap here to enter text.

Please check: Professional [ ]  Personal[ ]

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Address: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Please check: Professional [ ]  Personal[ ]

How do you know this person?Click or tap here to enter text.

**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: Click or tap here to enter text. Date:Click or tap to enter a date.

**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: Click or tap here to enter text. Date:Click or tap to enter a date.

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