

APPLICATION FOR EMPLOYMENT



EMPLOYMENT HISTORY (List most recent first)				
1. Employer:		Job Title:		
Dates Employed :		May we Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:		City/St/Zip:		
Starting Salary:		Ending Salary:		
Duties performed:				
Reason for leaving:				
2. Employer:		Job Title:		
Dates Employed :		May we Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:		City/St/Zip:		
Starting Salary:		Ending Salary:		
Duties performed:				
Reason for leaving:				
3. Employer:		Job Title:		
Dates Employed :		May we Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:		City/St/Zip:		
Starting Salary:		Ending Salary:		
Duties performed:				
Reason for leaving:				
4. Employer:		Job Title:		
Dates Employed :		May we Contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:		City/St/Zip:		
Starting Salary:		Ending Salary:		
Duties performed:				
Reason for leaving:				

REFERENCES				
Name	Occupation	Address	Phone	Yrs. Known

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that all information provided on the application for employment Background Check Consent and Attestation Form are complete and accurate to the best of my knowledge. I understand that falsification, misrepresentation or omission of the facts in the application will disqualify me from further consideration or, if I am hired, will be sufficient cause for my immediate dismissal. I understand that any employment offer made to me is contingent upon my educational background, reference checks, professional license, criminal background check, driving record, physical examination, and a controlled substance screen.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release all such persons from any and all liability or damages from having furnished such information.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Senior Transportation Connection does not guarantee employment for any period of time. The organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature: _____

Date: _____



**APPLICATION FOR EMPLOYMENT
Background Check Disclosure & Authorization**

Disclosure to Applicant/Employee That a Consumer Report May Be Obtained by Employer

Please note that in connection with your application for employment and/or ongoing employment with our Company, we may obtain a “consumer report,” as defined in the Fair Credit Reporting Act (FCRA), from a consumer reporting agency. Consumer reports include, but are not limited to, credit reports, criminal background checks and motor vehicle reports.

Authorization for Employer to Obtain Consumer Report

By signing below, I hereby acknowledge that I have read the above disclosure and voluntarily authorized the Company, including its agents and representatives, to obtain a consumer report on me for use in connection with my application for employment or ongoing employment with the Company. If hired or currently employed, I understand that this authorization will remain on file and will serve as an ongoing authorization, to the extent permitted by law, for a consumer report to be lawfully obtained at any time in connection with my employment.

I further understand that the Company will provide me a copy of the consumer report if the information in the report is used, in any way, to make decisions regarding my fitness for employment with the Company. I understand that the report will be made available to me before any employment decisions are made, along with a summary of my rights under the Fair Credit Reporting Act.

The following information is necessary to confirm your identity for completing an accurate background check; it is confidential and will not be taken into consideration in any employment decisions.

Last Name:		First Name:		Middle Name:	
Current Address:				City/ST/Zip	
Please List Previous Addresses for the past seven years, most recent first, in chronological order:					
Previous Address:		Date From:		Date To:	
Previous Address:		Date From:		Date To:	
Previous Address:		Date From:		Date To:	
Previous Address:		Date From:		Date To:	
Previous Address:		Date From:		Date To:	
Social Security #:		Date of Birth:		Drivers License # and State	

Signature: _____

Date: _____

Senior Transportation Connection