

# EASTERN CONNECTICUT TRANSPORTATION CONSORTIUM, INC.

601 Norwich New London Tpke., Ste. 1, Uncasville CT 06382

## APPLICATION FOR EMPLOYMENT

Position Applying for \_\_\_\_\_ Salary Expectation \_\_\_\_\_ Date of Application \_\_\_\_\_

Name in full \_\_\_\_\_ Phone # \_\_\_\_\_  
(First) (Middle) (Last)

Current address \_\_\_\_\_ How long? \_\_\_\_\_  
(Number & Street) (City) (State & Zip Code)

List addresses for past three years \_\_\_\_\_ How long? \_\_\_\_\_  
(Attach sheet if more space is needed) (Number & Street) (City) (State & Zip Code)

\_\_\_\_\_ How long? \_\_\_\_\_  
(Number & Street) (City) (State & Zip Code)

Social Security Number \_\_\_\_\_

Date available \_\_\_\_\_ Hours available for work \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
(Name, Address, Phone #)

### Check off all that currently apply to you:

- Public Passenger Transportation Permit  Commercial Drivers License (CDL)  
 CPR Certified  Standard First Aid Certified  
 Hepatitis B Vaccination  Hepatitis B Immune Globulin

Have you ever had a fidelity bond denied, suspended or revoked?  Yes  No If yes, please explain \_\_\_\_\_

### EDUCATION

SCHOOL	NAME OF SCHOOL	ADDRESS	LIST GRADUATE OR TYPE OF DEGREE
Grade School			
High School			
College or University			
Business or Technical			
Other			

CONTINUED

**EMPLOYMENT RECORD**

(Provide a complete list of all employment and reasons for periods of unemployment during the past 10 years. Start with the most recent position first)

EMPLOYER (LIST LAST ONE FIRST)	ADDRESS	POSITION	EMPLOYED FROM TO	REASON FOR LEAVING
1.				
2.				
3.				
4.				
5.				

<b>DO NOT CONTACT</b>	
Employer Number(s) _____	Reason _____

List three (3) personal references: (Name, Address, Phone Number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ hereby give Eastern Connecticut Transportation Consortium, Inc. permission to contact any or all references and past employers listed above (unless indicated by number in the "DO NOT CONTACT" box) and obtain any and all information pertinent to the position for which I am applying.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of applicant

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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information written on my application, presented at my interview(s) or documented during my physical exam or drug screening, may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I understand and agree that my employment is dependent upon continued satisfactory conduct and performance of work as well as upon the Organization's need for my services. I also understand and agree that if I am hired by Eastern Connecticut Transportation Consortium, Inc. I may resign at any time for any reason and the Organization may terminate my employment at any time for any reason.

I have carefully read, and understand, all inquiries and subject matter printed on this Application for Employment.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of applicant

## NOTICE TO APPLICANTS

*ECTC is required to notify applicants of intent to conduct drug screen urine/breath alcohol testing and to obtain consent to run license checks and criminal checks.*

### **Drug Testing**

The Eastern Connecticut Transportation Consortium, Inc., hereinafter referred to as ECTC, requires successful completion of a USDOT drug test as required by 49 CFR Part 653 as part of its post-employment screening process. Additionally, ECTC requires successful completion of a drug screen urine test and/or breath alcohol test if ECTC has reasonable suspicion that the employee is under the influence of drugs and/or alcohol, which adversely affects or could adversely affect the employee's job performance. ECTC also requires employees with job descriptions that include driving and/or vehicle dispatching to undergo random drug screen and/or breath alcohol testing. Testing is conducted for ECTC by an outside, professional laboratory. Further details will be provided to applicants who successfully meet ECTC's other criteria for employment.

### **Motor Vehicle Reporting**

ECTC will obtain a license check as part of its employment process and random checks thereafter. A motor vehicle report will be issued to ECTC through an authorized Agent.

### **Criminal History & CrimScan+ Report**

ECTC will obtain criminal history information as part of its employment process through an authorized Agent. An invitation to complete required information for this purpose will be sent to applicant from the authorized Agent via email and or text message. By listing your email and or cellphone number below, you are consenting to receive this invitation and agreeing to complete requested info in a timely manner.

Email Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### **Acknowledgment of Understanding and Consent**

**I UNDERSTAND THAT AS PART OF MY APPLICATION FOR EMPLOYMENT I MUST SUCCESSFULLY COMPLETE A USDOT DRUG TEST AS REQUIRED BY 49 CFR PART 653. I UNDERSTAND THAT A NEGATIVE TEST RESULT IS REQUIRED BEFORE I WILL BE CONSIDERED FOR HIRE. FURTHERMORE, TO THE EXTENT PERMITTED BY LAW, I HEREBY PROVIDE CONSENT FOR AGENT TO PROVIDE A CERTIFIED ABSTRACT OF MY COMPLETE DRIVER'S RECORD, (INCLUDING BUT NOT LIMITED TO CONVICTIONS, ACCIDENTS, LICENSE SUSPENSIONS OR REVOCATIONS, AND ANY TYPE OF DRIVER'S LICENSE THAT I POSSESS) IN ANY STATE WHERE I HOLD OR HAVE APPLIED FOR A DRIVER'S LICENSE, AS WELL AS A CRIMINAL HISTORY/CRIMSCAN+ REPORT. I FURTHER PROVIDE CONSENT FOR AGENT TO PROVIDE AND ECTC TO USE MEDICAL INFORMATION ABOUT MY PHYSICAL OR MENTAL HEALTH FOR PURPOSES RELEVANT TO AN EMPLOYMENT DETERMINATION TO THE EXTENT PERMITTED BY APPLICABLE LAW.**

**YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

# APPLICANT/COVERED EMPLOYEE CERTIFICATION STATEMENT

I understand that, per DOT requirements, \_\_\_\_\_ (herein "Employer") must obtain certain information from me for compliance with their applicable DOT Controlled Substances and Alcohol Testing Program. *This includes information on any violations of the prohibitions that you may have had. If you are unsure about how to complete this information, ask your DAPM/DER for assistance.*

YES, I have information to report about my drug and alcohol history.

*If, while in a drug and alcohol testing program for an employer who had to meet the requirements for any DOT operating agency, it was determined that you violated the drug and alcohol prohibitions within the prior two years from the date of application, or if you have not completed the return-to-duty process from any prior violation with another employer, you need to complete the following two sections.*

I was deemed to have violated one or more of the following DOT prohibitions:	Date of Violation
<input type="checkbox"/> I had an alcohol test with an alcohol concentration of 0.04 or greater for a prior employer or as a pre-employment test	_____
<input type="checkbox"/> I had a verified positive drug test result for a prior employer or as a pre-employment test	_____
<input type="checkbox"/> I refused to be tested (includes submitting a verified substituted or adulterated specimen)	_____
<input type="checkbox"/> I performed safety-sensitive functions within four hours after using alcohol	_____
<input type="checkbox"/> I used alcohol while performing safety-sensitive functions	_____
<input type="checkbox"/> I was involved in an accident that required post-accident testing and I used alcohol before I was tested	_____
<input type="checkbox"/> I used controlled substances while performing safety-sensitive functions	_____
<input type="checkbox"/> I was deemed to have violated a drug or alcohol regulation under any mandated program which I have not listed above	_____

Below I have indicated the company that has the information on the violation.

I was an **applicant / employee** (circle one) of said company.

I **have / have not** (circle one) completed the return-to-duty requirements.

Prior Employer (or company I applied to) Company Name: \_\_\_\_\_

Employer's Designated Employer Representative (DAPM/DER): \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

SAP Information: \_\_\_\_\_

NO, I have no information to report on any violations of the DOT drug and alcohol testing prohibitions. **If you have no information to report, please check the box above and proceed to the certification statement.**

I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being hired or termination of employment.

Date of Application/Return: \_\_\_\_\_ Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Driver Application Pre-Interview Questions

To be completed by applicant prior to interview

I \_\_\_\_\_ understand these questions, completed by me on this day \_\_\_\_\_  
20 \_\_\_\_, will become part of my application for employment with Eastern Connecticut Transportation Consortium, Inc. (ECTC).

1. Do you have any driving violations? We do license checks!
2. Explain in detail your past positions in relation to position applying for. (If not detailed on resume.)
3. What type of experience do you have in passenger transportation and for how long?
4. Are you able to lift packages (grocery bag weight) and push and pull a person in a wheelchair?
5. Are you able to drive in inclement weather, i.e. snow, heavy rain?
6. Are you able to read a map and/or navigate with GPS?
7. Are you able to follow verbal directions over a radio and/or hands free cell phone?
8.
  - a.) Have you ever worked with persons with special needs or elderly?
  - b.) Do you feel comfortable working with people with special needs (elderly, physically or mentally disabled)?
9. If not certified in First Aid & CPR are you willing to go for training?
10. Are you willing and able to work flexible hours or split shifts, weekends and evenings?
11. If not scheduled to work are you available in an on-call situation?
12. What do you think is the first consideration for a driver at all times?
13. What type of passenger vehicles have you driven?
14. Do you have reliable transportation to work and a phone?
15. Are you familiar with the roads in Southeastern CT?
16. Are you willing to assist passengers to, from, on and off vehicle, load & unload packages and assist with any duties assigned such as shopping?
17. Would you be able to keep the vehicles clean, and be courteous to passengers at all times?

18. Do you work well under time constraints?
19. How did you hear of this position?
20. Do you have any training or schooling that is pertinent to the position you are applying for?
21. Did you enjoy working for your previous employers?  
If not, why?
22. Do you feel that they would rehire you?
23. We do reference checks. What do you think your previous employer will tell us about you?
24. Do you consider yourself a team player? Give an example.
25. How many traffic tickets, not parking tickets, have you received in the past 3 years? Explain.
26. How many traffic accidents have you had in the past 3 years? Explain.
27. Has your license to operate a motor vehicle ever been revoked or suspended? Explain.