

Application for Employment

Please Print



TRI-COUNTY COMMUNITY ACTION PROGRAM Inc.

Serving Coos, Carroll & Grafton Counties
30 Exchange Street, Berlin, NH 03570 • (603) 762-7001 • Toll Free: 1-800-662-4617 • Fax: (603) 762-7001

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____
 Name _____ Social Security # _____
Last First Middle
 Address _____
Street City State Zip Code
 Telephone # (____) _____ Mobile/Beeper/Other # (____) _____ E-mail Address _____
 Referral Source (How did you hear about us?) _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you ever been employed here before? If yes, give dates and positions: _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential" functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: _____ State _____

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____

Employment History

Starting with your most recent employer, provide the following information.

| | |
|--|---|
| Employer _____ Telephone # _____ | Dates employed: Month / Year to Month / Year |
| Street address _____ City _____ State _____ | Compensation (Starting) _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per |
| Starting job title/final job title _____ | Commission/Bonus/Other Compensation \$ _____ |
| Immediate supervisor and title (for most recent position held) _____ | Compensation (Final) _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per |
| Why did you leave? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Commission/Bonus/Other Compensation \$ _____ |
| Summarize the type of work performed and job responsibilities. | |
| Employer _____ Telephone # _____ | Dates employed: Month / Year to Month / Year |
| Street address _____ City _____ State _____ | Compensation (Starting) _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per |
| Starting job title/final job title _____ | Commission/Bonus/Other Compensation \$ _____ |
| Immediate supervisor and title (for most recent position held) _____ | Compensation (Final) _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per |
| Why did you leave? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Commission/Bonus/Other Compensation \$ _____ |
| Summarize the type of work performed and job responsibilities. | |
| Employer _____ Telephone # _____ | Dates employed: Month / Year to Month / Year |
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| Starting job title/final job title _____ | Commission/Bonus/Other Compensation \$ _____ |
| Immediate supervisor and title (for most recent position held) _____ | Compensation (Final) _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per |
| Why did you leave? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Commission/Bonus/Other Compensation \$ _____ |
| Summarize the type of work performed and job responsibilities. | |

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ E-mail _____ Years: _____
 Spreadsheet _____ Years: _____ Internet _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

| School (Include City & State) | Years Completed | Certification | GPA (Range: 0-4) | Rank/Order |
|-------------------------------|-----------------|--|------------------|------------|
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | | |

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

| Name | Address | Relationship to You | Telephone | Number of Years Known |
|------|---------|---------------------|-----------|-----------------------|
| | | | () | |
| | | | () | |
| | | | () | |

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____



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 720 International Parkway, Sunrise, FL 33325
 800-999-9111 • www.gneil.com in render
 Application for Employment (Short Form) #A3064



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Tri-County CAP Transit
"Public Transit in the North Country"
Serving Coos, Northern Grafton, and Carroll Counties

Administrative Office located at:
31 Pleasant Street, Suite 100, Berlin NH 03570
Phone: 603-752-1741 Fax: 603-752-2117
Toll Free: 1-888-997-2020 (Coos & Northern Grafton County)
Toll Free: 1-866-752-6890 (Carroll County) Phone/Fax: 603-323-8150

Applicant Acknowledgment of Drug Testing Requirement

I understand that as part of my application for employment I must successfully complete a USDOT drug test required by 49 CFR Part 653. I understand that a negative result is required before I will be considered for hire.

Signature of Applicant

Signature of Manager

Date

Date

Confidential

Tri County Transit

SEFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant First Name, Middle Initial, Last Name

Social Security Number,

Have you ever participated in USDOT – regulated drug and alcohol testing with previous employers?

Yes _____ (if yes, complete #1 and #2)

No _____ (if no, skip to #2)

1. In the last two years, have you ever:

a. Tested positive (0.04 or greater) for alcohol?

Yes _____ No _____

b. Had a verified positive drug test result?

Yes _____ No _____

c. Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes _____ No _____

d. Violated any other DOT drug and alcohol testing regulation within the last two years?

Yes _____ No _____

2. Have you 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, safety – sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes _____ No _____

If you responded “YES” to any of the above questions, please provide documentation of your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why:

(Use additional pages as necessary)

“I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal.”

Signed

Date



**APPLICANT AUTHORIZATION
EMPLOYMENT SCREENING**

➤ **Notice to All Users of This Form: As an employer and user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. This form is provided solely as a courtesy and should not be construed as legal advice. It is important that prior to using this or any form, you consult with your legal counsel.**

**DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS
Tri County CAP Transit | 31 Pleasant St | Berlin NH 03570 | (603) 752-1741**

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application for employment with Tri County CAP Transit (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment* (if hired), we may obtain a "consumer report" and/or an "investigative consumer report" on you from TRAK-1 TECHNOLOGY, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others. You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Tri County CAP Transit files on you at the time of your request by providing proper identification and the payment of any legally permissible fees. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to TRAK-1 TECHNOLOGY should be forwarded to: Trak-1 Technology; Consumer Disputes; 7131 Riverside Parkway; Tulsa, Oklahoma, 74136. 1 (800) 600 - 8999.

CALIFORNIA APPLICANTS: California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 Technology is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.

THE FAIR CREDIT REPORTING ACT GIVES YOU SPECIFIC RIGHTS IN DEALING WITH CONSUMER REPORTING AGENCIES. YOU WILL BE GIVEN A SUMMARY OF THESE RIGHTS TOGETHER WITH THIS DOCUMENT.

AUTHORIZATION

By signing below, you hereby authorize, without reservation, TRAK-1 TECHNOLOGY or any third party contacted by this organization to furnish the abovementioned and requested information. You further authorize ongoing procurement of the above-mentioned information, reports and records at any time during your employment or contract or in the course of considering you for employment. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having

knowledge about you to furnish Tri County Cap Transit with any and all background information in their possession regarding you, so that your employment qualifications may be evaluated and/or reassessed.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. 51681 et seq.).

The following is information required in order for Tri County CAP Transit to obtain a complete consumer report:

FULL LEGAL NAME (First, Full Middle Name, Last Name)

STREET ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH *

DRIVER'S LICENSE NUMBER

ISSUING STATE

OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)

CONSUMER'S SIGNATURE

DATE

* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

NOTICE TO CALIFORNIA APPLICANTS ONLY: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 Technology during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.