

Adirondack/Pine Hill/New York Trailways
499 Hurley Avenue – Hurley, NY 12443

BUS MECHANIC

Application for Employment

IN COMPLIANCE WITH FEDERAL, STATE AND APPLICABLE LOCAL EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, SEXUAL ORIENTATION, DISABILITY, MILITARY STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

Date of Application _____ Date of Birth _____

Position(s) Applied for: [] Full-time [] Part-time

Name _____ Social Security # _____
Last First Middle

Address _____
Street or P.O. Box Number/Apartment Number

City _____ State _____ Zip Code _____ Phone Number _____

ADDRESS(ES)
FOR PAST _____ How Long? _____
THREE YEARS Street City State/Zip
Street City State/Zip How Long? _____

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

Do you possess a valid Class A or Class B Commercial Driver's License with a 'P' endorsement? Yes _____ No _____

Possessing (or obtaining within 6 months of employment) a Class A or B CDL, with a 'P' Endorsement, is a condition of employment.

If yes, please list license # _____

In case of emergency notify _____
Name Address Phone Number

Have you worked for this company before? _____ Where? _____

Dates/From: _____ To: _____ Pay Rate _____ Position Held _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected? _____

**Federal D.O.T. Regulations & Company Policies
require a physical, and drug and alcohol testing**

Employment History

Applicants must provide the following information for all employers during the preceding 10 years. Additional Space is provided in "Remarks" Section on Page 4.

LAST EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

SECOND LAST EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

THIRD LAST EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____
ADDRESS/CITY/STATE/ZIP _____
POSITION HELD _____ FROM _____ TO _____
REASON FOR LEAVING _____
WAS THIS EMPLOYER SUBJECT TO FEDERAL MOTOR CARRIER SAFETY OR FEDERAL TRANSIT ADMINISTRATION REGULATIONS? * _____ YES _____ NO

*INCLUDES DRIVING OR MAINTAINING VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 15 OR MORE PASSENGERS OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

ACCIDENT RECORD FOR THE PAST 3 YEARS.

DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

(IF NONE, WRITE NONE) IF ADDITIONAL SPACE IS NEEDED, USE 'REMARKS' SECTION ON PAGE 4

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(IF NONE, WRITE NONE) IF ADDITIONAL SPACE IS NEEDED, USE 'REMARKS' SECTION ON PAGE 4.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
(Name) (City)

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A MECHANIC: _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

ALL DRIVER LICENSES LAST 3 YEARS	STATE	LICENSE NO.*	TYPE	EXPIRATION DATE
	NEW YORK			

***APPLICATION CANNOT BE PROCESSED WITHOUT LICENSE NUMBER**

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

If the answer to either A or B is yes, Explain in "Remarks" Section on Page 4

MAINTENANCE/DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (BUS, VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES
		FROM	TO	(TOTAL)
BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

Employment Application Self-Identification Form

The following information is being requested for Government reporting purposes and to measure our good faith outreach efforts. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Name _____ Date _____

Position Applied For: _____ Search Number _____

Referred by: _____

Gender

- Female
 Male

Race

- Hispanic or Latino
 White
 Black or African American
 Asian
 Native Hawaiian/Pacific Islander
 American Indian or Alaska Native
 Two or More Race (Not Hispanic or Latino)

Veteran Status

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As Government Contractors do, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

- I identify as one or more of the classifications of protected veteran listed below.
 I am not a Protected Veteran
 I choose not to provide this information.

Definitions:

Qualified Disabled Veteran – a veteran of the US military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service related disability.
Recently Separated Veteran – any Veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.
Active Duty Wartime or Campaign Badge Veterans - a veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign badge has been authorized, under the laws administered by the Department of Defense.
Armed Forces Service Medal – any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
Veteran of the Vietnam Era – person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between 2/28/61, and 5/7/75, or between 8/5/64 and 5/7/75 in all other cases.

Definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.