

**STORER TRANSPORTATION
APPLICATION FOR EMPLOYMENT**

Applicant's Full Name: _____
(Last) (First) (M.I.) (Other Name)

Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: (Home) (____) _____ (Work) (____) _____

Social Security Number: _____ Valid Drivers Lic. # _____ State: _____
(Please note: Completion of Social Security number is optional. Failure to include your social security number on this form will not prohibit employment consideration, but may be required on other forms prior to employment.)

Position(s) applied for: _____

How did you learn about Storer?

Newspaper Website College/University Internet Site Friend Other _____

Date available for employment: _____

Can you furnish verification of your legal right to work in the United States? Yes No

Have you previously applied for a position within this company? Yes No

If you answered yes, please indicate date(s) and the position(s) applied: _____

Have you ever been interviewed through this company? Yes No

If you answered yes, please indicate the date(s) and position(s) you interviewed for: _____

Have you ever been employed by Storer? Yes No

If you answered yes, please indicate the dates and the position held during employment: _____

Do you have any relatives currently working for this company? Yes No

If you answered yes, please list relationship and the department working in: _____

List any language, other than English, that you can speak: _____

EDUCATION

	<u>Name/Location</u>	<u>Graduate</u>	<u>Type of Degree</u>
High School:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

PROFESSIONAL REFERENCES (Please include 3 **professional** references. Typically, a current or former employer, supervisor or someone else who has firsthand knowledge and can recommend you for employment)

	<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone</u>
1.	_____			
2.	_____			
3.	_____			

EXPERIENCE (List last position held **FIRST**.)

From: ___/___/___ Job Title: _____

To: ___/___/___ Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

left in good standing

From: ___/___/___ Job Title: _____

To: ___/___/___ Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

left in good standing

Affidavit

Storer may require a criminal history/ background check be conducted for all full-time, part-time and per diem employees upon hire, once an offer of employment has been extended. Storer may also use a third party to conduct the background check. The type of information that may be collected is as follows: criminal fingerprint background check, employment history, education, vehicle record, child abuse/ neglect records and/or professional/ personal references.

My signature below authorizes Storer Transportation, Storer Transit Service, Storer Coachways and/or Storer Contract and Schoolbus Systems to conduct a background investigation. I further authorize the release of all information in connection with my application for employment. I hold harmless any individual or firm who may provide information in connection with this investigation, I waive the right of access to any such information and, without limitation, hereby release Storer and all reference sources from all liability and/or damages.

Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify an applicant from consideration for employment. Depending on a variety of factors, the candidate may still be eligible. If your criminal background check is the reason for the denial of employment, you will be given the opportunity to review and refute the information used.

I further certify that I made true, correct and complete answers and statements on this application and acknowledge that they may be relied upon in considering my application for employment. I understand that any omission or false statement made on this application, or any supplement to it, may be sufficient grounds for failure to employ or grounds for my discharge.

Signature of Applicant

Date

EEOC Self-Identification Form

Storer (Storer Transportation Service, Storer Transit Systems, Storer Transportation School and Contract Service) invites all applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not affect the application process. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

We comply with government regulations including but not limited to affirmative action responsibilities as required by the EEO provisions of Federal law, including Title VII of the Civil Rights Act of 1964, Equal Pay Act of 1963, Age Discrimination in Employment Act of 1967, Title II of the Genetic Information Nondiscrimination Act of 2008, 49 U.S.C., 5332(b) of the Federal Transit Act, U.S. Department of Transportation EEO implementing regulations (49 CFR Part 21) and the FTA Master Agreement.

Thank you for your participation!

Application Date: _____

Gender: Male Female **Position Applying for:** _____

Race / Ethnicity: Please check one of the descriptions below corresponding to the ethnic group with which you identify.

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

Asian (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)

Native American or Alaska Native (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)

Multiple 2 or more races (Non-Hispanic)

I do not wish to self-identify

Veteran Status

No, I am not a Veteran **Yes**, I am a Veteran

Disability: Do you have a Disability? **Yes** **No**

If you checked "Yes", is your disability one of the targeted disabilities listed below? **Yes** **No**

- | | | | |
|------------|---------------------|---|---|
| ·Blindness | ·Autism | ·Bipolar Disorder | ·Post-traumatic stress disorder (PTSD) |
| ·Deafness | ·Cerebral palsy | ·Major depression | ·Obsession compulsive disorder |
| ·Cancer | ·HIV/Aids | ·Multiple sclerosis (MS) | ·Impairments requiring the use of a wheelchair |
| ·Diabetes | ·Schizophrenia | ·Missing limbs or partially missing limbs | ·Intellectual disability (previously called mental retardation) |
| ·Epilepsy | ·Muscular Dystrophy | | |