

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 Systems, Storer Coachways and/or Storer School and Contract Service 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

STORER Transportation

School & Contract Service

Thank you for taking the time to fill out an application for the position we have open. We are constantly looking for ways to find good employee candidates and your assistance with the survey below is greatly appreciated. After filling out the survey please return it to our office with your completed application.

How did you find out about the position for which you are applying? (Please, check all that apply)

- The Modesto Bee (newspaper)
- Modbee.com (Modesto Bee Online)
- Indeed.com
- CareerBuilder
- Craigslist
- Other newspaper: What newspaper? _____
- Radio: Do you remember what station? _____
- Television: Do you remember what channel? _____
- EDD (Employment Development Dept.)
- Stan Alliance
- Flyer: How did you get a flyer? _____
- Storer Transportation Employee: Who? _____
- Other: _____

Today's Date: _____

Thanks again for your assistance!



STORER Transportation

School & Contract Service

CONSENT TO PRE-EMPLOYMENT “RIDE-ALONG” AND WAIVER OF COMPENSATION/WORKER’S COMPENSATION INSURANCE COVERAGE

I, _____, hereby certify that I am an applicant for employment at **Storer Transportation School & Contract Service**, dba STS, and that I desire to voluntarily participate in the “Ride-Along” program. I understand that my participation in this program may occupy as many as seven hours of my own free time, but that none of that time will be compensated to me by **Storer Transportation School and Contract Service**, dba STS, nor will I be covered by any worker’s compensation insurance in the event I am injured. Expressly understanding the foregoing, I hereby waive any and all rights I may have to claim that compensation is owed to me for my voluntary participation in this program, or for worker’s compensation insurance coverage in the event I am injured during said program.

I further understand that my participation in this program will have no bearing on my suitability for employment at **Storer Transportation School & Contract Service**, dba STS, and that I will be considered an applicant for employment at Storer Transportation School & Contract Service, dba STS, regardless of whether I participate in the program.

Finally, I understand that if I am hired by **Storer Transportation School & Contract Service**, dba STS, that my employment will be “at-will” meaning that either myself or the company can terminate my employment at any time, for any reason, with or without notice, and with or without cause. I further understand that any agreement to the contrary, if later made, shall not be valid unless it is in writing and signed by the President of **Storer Transportation School & Contract Service**, dba STS.

Signature: _____ Dated: _____ (Applicant’s Name)