



Application for Non-Commercial Driving Employment

Burlington Trailways 906 Broadway Street West Burlington Iowa 52655

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. Please fill in every blank on the application if N/A put N/A.

Please Print

Applicant name: _____ Date: _____
Last First Middle

Address: _____
Street City State ZIP Code

Telephone #: () _____ Cell phone or other phone #() _____ Email: _____

Best Time to call: _____ May we contact you at work: _____
Yes No best time to call

Type of employment desired: _____ full-time _____ part-time _____ temporary

Position(s) applied for or type of work desired: _____

Date you will be available to start work: _____

Desired Salary or hourly rate of pay: \$ _____ Per _____

Have you ever submitted an application here before? _____ Yes _____ No

If yes give dates and positions _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

If yes give dates: From: ___/___/___ To: ___/___/___

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

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

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

Have you ever entered into an agreement with any former employer or other person that may restrict your ability to work for our company? (non-compete agreement) _____ Yes _____ No

If yes please explain: _____

Driver's license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____
Street City State Zip Code

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Starting Salary:** _____ **Ending:** _____

Starting title: _____ **Ending title:** _____

Job summary: _____

Reason for leaving: _____

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____
Street City State Zip Code

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Starting Salary:** _____ **Ending:** _____

Starting title: _____ **Ending title:** _____

Job summary: _____

Reason for leaving: _____

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____
Street City State Zip Code

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Starting Salary:** _____ **Ending:** _____

Starting title: _____ **Ending title:** _____

Job summary: _____

Reason for leaving: _____

Employment History continued

Employer: _____ Position held: _____

Address: _____ Telephone #: _____
Street City State Zip Code

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Starting Salary: _____ Ending: _____

Starting title: _____ Ending title: _____

Job summary: _____

Reason for leaving: _____

Have you ever been fired or asked to resign from a job? _____ Yes _____ No

If yes please explain: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

Name of School and Address: # of Years Attended: Course/Major Earned Degree

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References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

Name:	Title:	Relationship to you:	Telephone #	# of years known
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Is there any other information that would help describe any special skills or additional qualifications that you have:

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____