



Pupil Transportation Safety Institute
EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER

Application Date: _____

Personal Information (PLEASE PRINT CLEARLY)

Last Name		First Name	Middle	Social Security No. (optional)	
Home Address:					
Street		City		State	Zip
Home Phone		Mobile Phone		Email	
Position(s) Applying For:				Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
				Date Available: _____	

Education

Type of School	Name and Address of School	Course of Study	No. of Years Completed	Graduated (check one)	
High School	Name: Address:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
College	Name: Address:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Graduate	Name: Address:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (Specify)	Name: Address:			Yes <input type="checkbox"/>	No <input type="checkbox"/>

U.S. Military Service

Branch of Service:	Technical Specialization:	Rank Attained:
Did you receive an honorable discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, please explain: _____		

Background

Have you been convicted of a crime? (A conviction will not necessarily disqualify an applicant.) Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____
Have you ever, in the past 10 years, been discharged from employment by any company/organization for which you have worked? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Proof of citizenship or immigration status will be required upon employment.)</small>

Convictions (Start with your most recent conviction and include all criminal convictions):

Date of Violation	Location (City, State, Zip, County)	Date of	What charges were you convicted of?	If a vehicle was involved, what type of vehicle were you driving?

We are an Equal Opportunity Employer

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Required for All Office Positions

Do you have any office experience? Yes No

Check all that apply: Filing Dictaphone Bookkeeping Typing Speed _____wpm IBM (compatibles) Word Processing
 Telephone Skills Macintosh/Apple Warehouse 10-Key Calculator Data Entry Stockroom

Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

1	Employer	Dates Employed To: From:	Position(s) Held
Street Address			Telephone Number
City		State	Zip
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

2	Employer	Dates Employed To: From:	Position(s) Held
Street Address			Telephone Number
City		State	Zip
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

3	Employer	Dates Employed To: From:	Position(s) Held
Street Address			Telephone Number
City		State	Zip
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>



PRE-EMPLOYMENT INQUIRY RELEASE

I hereby authorize any and all former employers (their employees and/or agents), references and any others who have information about me to provide such information to Pupil Transportation Safety Institute and/or any of its representatives or agents and I release all parties involved from any and all liability for any and all damages that may result from providing such information.

I also hereby give my consent for any educational institution I have attended to release any information requested in connection with this background investigation. According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any such educational institution. I waive _____/do not waive_____ (initial only one) my right to see any written reference or other information provided by any educational institution.

I AUTHORIZE WITHOUT RESERVATION ANY PARTY OF AN AGENCY CONTACTED BY THE PUPIL TRANSPORTATION SAFETY INSTITUTE OR ITS SUBSIDIARIES, TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicant's Signature _____ Date _____

Please complete the following information. PRINT CLEARLY.

Name _____

Social Security Number _____

Current Street Address _____

City _____ State _____ Zip Code _____



RELEASE FOR BACKGROUND CHECK

By my signature below, I voluntarily and knowingly agree to the following:

I agree to a comprehensive background check which is requested by the Pupil Transportation Safety Institute in connection with the processing of my application for employment. I also understand that refusal to submit a background check as requested by the company is grounds for rejection for employment.

I understand that any further information may be retained by the company and is exclusively the company's property. I also understand that the background check will be performed by a third party provider qualified to do this necessary work. Costs for such examinations will be borne by the company.

I acknowledge that I have read the above information. I understand the contents read. I will abide by the above notice. I understand that a copy will be made part of my personnel file if I am offered and accept a job. A copy will be provided to me upon request. Any questions regarding the background check will be directed to the company's Executive Director.

Signature

Date

Signature of PTSI Executive Director

Date

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize a complete reference check and background check. I understand, also, that I am required to abide by all rules and regulations of the Employer.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I acknowledge I have read, understand and will abide by the above.

Signature of Applicant

Date

THANK YOU FOR APPLYING WITH PTSI.



Pupil Transportation Safety Institute

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