



HARTransit.com | 62 Federal Road
 203-744-4070 | Danbury CT 06810

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability.

This application must be completed in its entirety to be considered for employment.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Employee _____	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Initial	
Street Address			Telephone Number(s)
City	State	Zip Code	

- Are you over the age of 18?..... Yes No
- Have you ever filed an application with us before?..... Yes No If Yes, Date: _____
- Have you ever been employed with us before?..... Yes No If Yes, Date: _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work Full Time Part Time - If part time, days and/or hours available:

Have you ever been arrested, convicted, or charged with a criminal offense? Yes No

If yes, please explain: _____

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EMPLOYMENT EXPERIENCE

Starting with your present or most recent job, please complete for the last 10 years.
(use additional sheets if necessary)

1

Employer Name:	Employed From: / To: /
Address:	Position:
	Reason for leaving:
Contact:	Phone #:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2

Employer Name:	Employed From: / To: /
Address:	Position:
	Reason for leaving:
Contact:	Phone #:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3

Employer Name:	Employed From: / To: /
Address:	Position:
	Reason for leaving:
Contact:	Phone #:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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EMPLOYMENT EXPERIENCE (cont.)

4

Employer Name:	Employed From: / To: /
Address:	Position:
	Reason for leaving:
Contact:	Phone #:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5

Employer Name:	Employed From: / To: /
Address:	Position:
	Reason for leaving:
Contact:	Phone #:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Name of	Address	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

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DRIVING HISTORY

This section must be completed if you are applying for a driver or mechanic position.

List all unexpired licenses and / or permits

State	License Number	Class	Restriction	Endorsement	Expiration Date

Please detail the facts and circumstances of any denial, revocation, or suspension of any licence, permit, or privilege to operate a motor vehicle: _____

Check here to certify that no such denial, revocation or suspension has occurred.

Accident record for the past 3 years (HARTransit verifies information with applicable state DMV departments).

Month/Year	Type of Accident	Type of Equipment	Death/Injuries	State	Employer

List all violations (other than parking violations) for which you were convicted.

Location	Date	Charge	Penalty

APPLICANT'S STATEMENT

This certifies that this application was completed by me, and that all entries on it and information in it 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.

In the event of employment, I understand that false or misleading information given in my application or in interview(s) may result in termination. I further understand that I am required to abide by all rules and regulations of HARTransit.

Signature of applicant

Date

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Voluntary Affirmative Action Information

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related condition or handicap, or any other legally protected status.

Applicant's Name: _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one:

- Male Female

Check one of the following race/ethnic groups:

- Hispanic Black White
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

- Vietnam Era Veteran Disabled Veteran Disabled Individual

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