

Employment Application

Please print all information

Name _____ Date _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone _____

E-Mail Address _____

For what position are you applying? _____

How did you become aware of this opening? _____

Type of employment desired? Full Time Part Time On-Call Temporary/Seasonal

Please indicate your shift availability: Day Evening Night Weekend Split Shift Holidays

Date available to start work: _____ Desired rate of pay: _____ per _____

Have you ever applied to or previously worked for Veolia, ATC/Vancom, Connex, ShuttlePort or Yellow Transportation?

Yes No

If yes, list location(s) and date(s): _____

Do you have any relatives or friends currently working for Veolia? Yes No

If yes, state the individual's name and relationship to you: _____

Can you provide original documentation of your identity & eligibility to work in the United States? Yes No

Have you ever been convicted of a felony / misdemeanor crime? * Yes No

If yes, please explain: _____

** Note: An applicant will not be denied employment based solely on the grounds of a conviction for a criminal offense. The type of offense, the date and the relevance of the criminal conviction to the position applied for may be considered in the employment decision.*

If you have been at your current address less than 3 years, please list all of your addresses for the past three years.

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Education			
	Graduated	Name of school and address	Type of Degree
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate or Professional School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Business or Driving School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Record

PLEASE FULLY COMPLETE ALL SECTIONS

I understand consideration for employment with Veolia will be contingent upon the results of reference and criminal background checks. I authorize Veolia to investigate all information I provide on this application for employment, including previous employment, experience and educational credentials. I also give Veolia my permission to contact my former employer(s), all listed references or any other person who can verify the information I provide on this application. I give my consent to my current and former employers and other contacted persons to respond to any questions pertaining to the information included on this application. I release my current/former employer(s) and any other persons contacted from any liability for releasing information to Veolia.

Signature _____ Date _____

PLEASE COMPLETELY LIST ALL PRIOR EMPLOYMENT DURING THE PAST 10 YEARS, EVEN IF YOU ARE SUBMITTING A RESUME. BEGIN WITH THE CURRENT OR MOST RECENT EMPLOYER AND INCLUDE ANY MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT.

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

Please complete Driver's License and Accident Record sections ONLY if you are applying for a safety sensitive position.

Driver's License Information

Do you hold a valid driver's license in this state? Yes No

Do you hold a valid commercial driver's license (CDL) in this state? Yes No

Unexpired License Number: _____ State: _____ Expiration Date: _____

Class: _____ Endorsements: _____ Date of Birth (MM/DD/YY): ____ / ____ / ____

List all other states where you have held a driver's license in the last 10 years: _____

Have you ever been denied a license or permit to operate a motor vehicle? Yes No

Has your license or permit ever been suspended or revoked? Yes No

If you answered yes to either question, please explain: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes No

Have you worked for a Department of Transportation (DOT) regulated Employer and were you covered under DOT regulated drug and alcohol testing during the last two years prior to this application? Yes No

Accident & Traffic Violation Record for Past Three (3) Years

List all vehicular accidents in which you have been involved as a driver during the past three (3) years.

Date	Description	Location

In addition to any traffic accidents listed on your application, please supply any additional traffic violations in the past three years

Date	Description	Location

All of the information listed on this document and the Veolia Transportation application are true and fully correct to the best of my knowledge. I also certify that no denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued has occurred. If any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued please describe in detail the circumstances and facts of the event.

Signature

Date

Please use the space below to describe the facts of any denial, revocation, or suspension of any license permit, permit, or privilege to operate a motor vehicle. Please supply as many details as possible.

Date	Description	Location

PLEASE READ EACH PARAGRAPH BELOW. IF YOU DO NOT UNDERSTAND ANY PART OF THE INFORMATION INCLUDED IN EACH PARAGRAPH, PLEASE ASK THE INTERVIEWER BEFORE SIGNING.

All employees of Veolia Transportation are required to adhere to the Veolia Drug and Alcohol Policy. The information provided below is intended to be a brief summary of this policy and is not inclusive. Our complete policy is available for review upon request in our Human Resources Department.

Veolia maintains a Drug and Alcohol free workplace and requires a drug-screening test as a requirement for employment. If I do not complete the pre-employment drug and alcohol testing after being extended an offer of employment or if I test positive, refuse to test or submit an adulterated specimen, I understand I will not be considered for employment.

If applicable, I will be required to submit to random, post-accident and reasonable suspicion drug and alcohol testing during the course of my employment. Testing positive, refusing to test within the designated time period, or submitting an adulterated specimen for a random, reasonable suspicion or post-accident drug and alcohol screening during my employment will be considered grounds for termination.

It is understood that the laboratories, facilities, physicians, nurses and technicians contracted by Veolia will collect the necessary specimens for the purpose of determining the presence or absence of controlled substances. This information will only be disclosed to the appropriate Veolia Managers. Veolia is responsible for maintaining the confidentiality of all testing results.

I understand that Veolia abides by an employment-at-will policy except where there is a collective bargaining agreement in effect. In such circumstances, the terms of the collective bargaining contract take precedence. However, for employees not covered by a collective bargaining agreement the following terms apply: Either the company or the employee may terminate the employment relationship at any time, for any reason, with or without notice. Additionally, nothing contained in this employment application or anything conveyed during an interview, is intended to create an employment contract, implicit or implied. I also understand and agree that any future changes in my titles, duties, compensation, working conditions, benefits or company policies and procedures will not alter this at-will agreement.

If I am applying for a position as a CDL or non-CDL driver, I am required to possess a current and valid driver's license and I agree to provide Veolia with a certified copy of my driving record. I also understand that any offer of employment is contingent upon my ability to be covered by the Company's vehicle insurance policy.

I certify that I completed this application for employment and that all of the information provided herein is true. I understand that any omission, misstatement or inclusion of false information on this application or any document used to secure employment with Veolia shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and fully understand the information included on this application and agree to the terms and conditions outlined in this document.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY: DO NOT WRITE IN THIS SECTION.

Interviewed by: _____ Date _____

ID# _____ Location _____ Dept. # _____ Position _____

Status: FT PT On-call/Temp

Start Date: _____ Wage: _____ Hourly Bi-Weekly

CONSENT TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT AND DOT PURPOSES

To: **Veolia Transportation Services, Inc. (referred to below as “you” or the “Company”)**

In connection with my application for (or continuation of) employment with the Company and for the duration of my employment with you (including any period of contract services by me), I understand that investigative background inquiries are to be made on myself including criminal background; driving record; places of residence; employment history; education; employment references, work habits, performance and experience along with reasons for termination of past employment from previous employers and verification of eligibility to work in the United States. This information will, in whole or in part, be obtained from AISS, A Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. These reports may include information as to my criminal background; driving record; places of residence; employment history; education; employment references, work habits, performance and experience along with reasons for termination of past employment from previous employers and verification of eligibility to work in the United States. I understand that you will be requesting information from various federal, state and other entities which maintain public and/or non-public records concerning my past activities relating to my criminal background; driving record; places of residence; employment history; education; employment references, work habits, performance and experience along with reasons for termination of past employment from previous employers and verification of eligibility to work in the United States. I understand that the Company will obtain these reports and records periodically (every four years) and as otherwise determined necessary by the Company as long as I am an employee of the Company. This consent is extended to the Company as it is currently known and as it may be known in the future as a result of change of name, merger or acquisition. I further understand that I have the right to request, in writing, the nature and scope of any investigative consumer report and a Summary of Consumer Rights as prescribed by Section 606 of the Fair Credit Reporting Act. Please note that per DOT 392.2.3 you have the right to review information supplied about you by AISS to Veolia Transportation and to have any errors corrected.

This information is being requested in compliance with DOT regulations §40.25 and FMCSA regulation §391.23. By signing this form I further authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three (3) years: 1. Alcohol tests with a result of 0.04 or higher alcohol concentration; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations; 5. Documentations, if any, of completion of the return-to-duty process following a rule violation; 6. Information obtained from previous employers of a drug and alcohol rule violation.

I authorize, without reservation, any party or agency contacted by this employer or AISS to furnish the above mentioned information:

_____/_____/_____-_____-_____
Name (Please Print) Date of Birth* Social Security Number

Alias/Maiden Name (s)

Current Address City & State Zip Code

Driver's License # State Veolia location and/or branch #

***Date of Birth is being requested in order to obtain accurate retrieval of records.**

_____ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

Under Section 1786.16(a)(2)(B)(vi) of the California Civil Code, you are notified that AISS privacy practices can be found at <https://aissreports.acxiom.com/privacy/>

Notice to MAINE Applicants

Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Notice to NEW YORK Applicants

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Signature _____ Date _____

ACXIOM APPLICATION ADDENDUM

NAME – Please print

If you have been at your current address less than 3 years please list all of your addresses in the past three years

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

In addition to the traffic accidents listed on your application please supply any additional traffic violations for the last three years

All of the information listed on this document and the Veolia Transportation application are true and fully correct to the best of my knowledge. I also certify that no denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued has occurred. If any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle has been issued please describe in detail the circumstances and facts of the event.

Signature

Date

Voluntary Affirmative Action Record

Applicants at Veolia Transportation On Demand are considered for all positions, and employees are treated equally during employment without regard to race, color, religion, sex, national origin, age (40+), marital or veteran status, sexual orientation, or disability.

As an equal employment opportunity and affirmative action employer, Veolia Transportation must comply with certain statistical record-keeping and reporting requirements. This information is used solely for reporting and will be kept in a separate confidential file separate from your application for employment.

Please print:

Date: _____ **Position Applied For:** _____
Name: _____ **Phone #:** _____
Address: _____

Referral Source: _____ **Internet Job Board** _____ **Friend** _____ **Walk-In**
 _____ **Employment Agency** _____ **Other** _____

Sex: _____ **Male** _____ **Female**

Race/Ethnic Group: _____ **White** _____ **Black or African American**
 _____ **Hispanic/Latino** _____ **American Indian/Alaskan Native**
 _____ **Asian** _____ **Two or more races**
 _____ **Native Hawaiian or Other Pacific Islander**

Are you a Veteran? _____ **Yes** _____ **No**

Are you a disabled veteran? _____ **Yes** _____ **No**

Are you an other protected veteran? _____ **Yes** _____ **No**

In which branch of the U.S military did you serve? _____ **Army** _____ **Navy**
 _____ **National Guard** _____ **Coast Guard** _____ **Marines** _____ **Air Force**

Age Range:
 _____ **18-29** _____ **30-39** _____ **40-59** _____ **60+**

Definitions

White- (Not of Hispanic Origin)-All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American- (Not of Hispanic Origin)-All persons having origins in any of the Black racial groups of Africa.

Hispanic/Latino- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

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