

 **APPLICATION FOR EMPLOYMENT**

 **DOT APPROVED**

***WE ARE AN EQUAL OPPORTUNITY EMPLOYER***

We consider applicants for all positions without regard to race, color, religion, gender, national origin, sexual orientation, age, disability, marital status, or any other legally protected status.

**The Rectory School**

528 Pomfret Street

PO Box 68

Pomfret, CT 06258

**(Must be completed in its entirety. Attaching a resume or “see resume” is not acceptable.)**

APPLICANT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW LONG? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HIRE DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STREET) (CITY) (STATE & ZIP CODE)

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**LICENSE INFORMATION**

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”.

I certify that I do not have more than one motor vehicle license, the information for which is listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE** | **LICENSE NO.** | **TYPE** | **EXPIRATION DATE** |
|  |  |  |  |

**DRIVING EXPERIENCE OPERATING A SCHOOL BUS OR STUDENT TRANSPORTATION VEHICLE**

**During the past three (3) years – (CT General Statutes 14-275c-51(4) )**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLASS OF****EQUIPMENT** | **TYPE OF EQUIPMENT****(VAN, TANK, FLAT, ETC.)** | **DATES****FROM TO** | **APPROX. NO. OF** **MILES (TOTAL)** |
| STRAIGHT TRUCK |  |  |  |
| TRACTOR AND SEMI-TRAILER |  |  |  |
| TRACTOR –TWO TRAILERS |  |  |  |
| OTHER |  |  |  |

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) (CT General Statutes 14-275c-51(5) )**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATES** | **NATURE OF ACCIDENT****(HEAD-ON, REAR-END, UPSET, ETC.** | **NUMBER FATALITIES** | **NUMBER INJURIES** | **CHEMICAL SPILLS** |
|  |  |  |  | YES NO |
|  |  |  |  | YES NO |
|  |  |  |  | YES NO |

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**PLEASE LIST ALL MOTOR VEHICLE LAWS OR ORDINANCES OF ANY JURSIDICTION (OTHER THAN MINOR VIOLATIONS OR INFRACTIONS INVOLVING ONLY PARKING) OF WHICH THE APPLICANT WAS CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST FIVE (5) YEARS) (ATTACH SHEET IF MORE SPACE IS NEEDED) ( CT General Statutes 14-275c-51(6) )**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE CONVICTED****(Month/Year)** | **VIOLATION** | **STATE OF VIOLATION****LOCATION** | **PENALTY****(forfeited bond, collateral and/or points)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_

 If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_

 If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE LIST ANY CRIMINAL CONVICTIONS (EXCEPT FOR MOTOR VEHICLE VIOLATIONS**

**IN ANY JURISDICTION FOR THE PAST FIVE (5) YEARS (CT General Statutes 14-275c-51(8) )**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE CONVICTED****(Month/Year)** | **VIOLATION** | **STATE OF VIOLATION****LOCATION** | **PENALTY****(forfeited bond, collateral and/or points)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF TWO REPUTABLE CITIZENS WHO SHALL VOUCH UNDER OATH FOR THE GOOD CHARACTER OF THE APPLICANT (CT General Statutes 14-275c-51(11)**

|  |  |  |
| --- | --- | --- |
| **NAME** | **ADDRESS** | **TELEPHONE NUMBER** |
|  |  |  |
|  |  |  |

***\*\*THE FOLLOWING IS TO SERVE AS NOTIFICATION THAT ANY APPLICANT FOR THE POSITION OF A SCHOOL BUS DRIVER OR STUDENT TRANSPORTATION VEHICLE DRIVER IS REQUIRED TO SUBMIT TO A URINALYSIS DRUG TEST IN ACCORDANCE WITH CT GENERAL STATUTES 14-276A (D)***

**Page 2 of 7**

**EMPLOYMENT HISTORY RECORD**

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during

the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the

seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: Street number and name, City, State and Zip Code**.

**LAST Employer: Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM \_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SALARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No**

**Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No**

**May we contact this previous employer? Yes No**

**SECOND Last Employer: NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM \_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SALARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No**

**Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No**

**May we contact this previous employer? Yes No**

**THIRD Last Employer: Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM \_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SALARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No**

**Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No**

**May we contact this previous employer? Yes No**

**FOURTH Last Employer: Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION HELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FROM \_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SALARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR)

AND REASON. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No**

**Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No**

**May we contact this previous employer? Yes No**

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**EDUCATION**

 **Circle Highest Grade Completed:** 1 2 3 4 5 6 7 8 **High School:** 1 2 3 4 **College** 1 2 3 4 Grad.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of School** | **School Name and Location** | **Highest Grade****Completed** | **Course of Study or Major** |
| High School |  |  |  |
| College/University |  |  |  |
| Trade School |  |  |  |
| Graduate School |  |  |  |
| Other (includingmilitary training) |  |  |  |

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SPECIFY ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.**

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

“I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

* Review information provided by current/previous employers;
* Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
* Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**  **APPLICANT'S SIGNATURE**

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**  **APPLICANT'S SIGNATURE**

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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**HOW DID YOU LEARN ABOUT US?**

 Advertisement: Friend:

 (Name of website/newspaper) (Name)

 Employment Agency: Relative:

(Name) (Name)

 Other:

 (Please specify)

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, when? What position?

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

If yes, state name, relationship, and position:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

 ☐ Yes ☐ No

Are you a U.S. citizen? ☐ Yes ☐ No

(Proof of citizenship or immigration status will be required upon employment)

 If no, are you an alien authorized to work in the U.S.? ☐ Yes ☐ No

**Position Applied For**:

Salary Range Desired: ☐ Full-Time ☐ Part-Time ☐ Temporary

Date Available for Work:

**PROFESSIONAL REFERENCES**

Please list three professional references who can provide first-hand knowledge directly relating to your qualifications for the position in question.

Name: Telephone:

 Address:

 How does this reference know you? Number of years known:

Name: Telephone:

 Address:

 How does this reference know you? Number of years known:

Name: Telephone:

 Address:

 How does this reference know you? Number of years known:

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 **BACKGROUND INFORMATION**

We may require applicants for employment to undergo state and national criminal history checks.

During the past seven years, have you been discharged, suspended, or asked to resign from any position?

 ☐ Yes ☐ No

If yes, please explain:

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? ☐ Yes ☐ No

If yes, specify name:

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please describe the nature of the offense(s), the date of the convictions(s), and the nature of any rehabilitation since the conviction(s):

Note: You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to Connecticut General Statues Sections 46b-146, 54-87o, or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-

146, 54-76o, or 54-142a are records relating to:

a) determinations of delinquency or that, as a child, you were a member of a family with service needs,

b) an adjudication as a youthful offender,

c) a finding you are not guilty for a criminal charge, or

d) a conviction for which you have received an absolute pardon

Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections

46b-146, 54-76o, or 54-142a shall be deemed to never have been arrested within the meaning of the

General Statutes with respect to the proceedings so erased and may so swear under oath.

Do you have any criminal charges currently pending against you? ☐ Yes ☐ No

If yes, describe in full:

 Name (print): Date:

 Signature:

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**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for

employment.

\_\_\_\_\_\_Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment

medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with The

Rectory School.

\_\_\_\_\_\_Initials

I hereby certify that the information given by me is true in all respects. I authorize The Rectory School and its

representatives to contact my prior employers and all others for the purpose of verification of the information I

have supplied and release same from any liability resulting from the information release. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested.

\_\_\_\_\_\_Initials

I understand employment with The Rectory School is contingent on my providing sufficient documentation

necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_\_Initials

I understand and agree that, if employed, my employment has no specified term and is based upon mutual

consent. I also understand that my employment may be terminated at will, with or without cause, by either party (The Rectory School or me) without prior notice to the other, unless prohibited by law.

\_\_\_\_\_\_Initials

I understand that no promise or other representation, whether oral or written, by any employee or representative of The Rectory School, at any time, constitutes a contract of employment or change to my employment at will status. I further understand no employee or representative of The Rectory School has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other terms or condition of employment. I understand that, if employed, I will be employed at will.

\_\_\_\_\_\_Initials

I understand that if hired, I am expected to abide by all School rules, regulations, and policies, (which include

mandatory drug testing at time of hire) written or unwritten.

\_\_\_\_\_\_Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. \_\_\_\_\_\_Initials

*Note: An offer of employment is conditioned upon complying with The Rectory School’s requirements*

*including, but not limited to, signing a “Consent to Conduct Investigation” and obtaining satisfactory employment references.*

MY SIGNATURE IS EVIDENCE THAT I HAVE READ THE ABOVE STATEMENTS AND AGREE THAT

THEY ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Applicant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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