



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Manager. An Equal Opportunity Employer

1928 Hyannis Court
College Park, GA 30337
(770) 305-0060

Position applied for _____ Date of application ____/____/____

Name _____
(First) (Last) (Middle)

Address _____
(Street) (City) (State) (Zip)

Previous addresses (last 7 years):
(City) (State) (City) (State)

Home Telephone # () _____ Mobile/Pager/Other Phone # () _____ Social Security # _____

Have you submitted an application here before?Yes () No ()

If Yes, give date____/____/____

Have you ever been employed here before?Yes () No ()

If Yes, give datesFrom ____/____/____ To ____/____/____

What was your reason for leaving? _____

Are you legally eligible for employment in this country?Yes() No ()

Date available for work____/____/____

Type of employment desired () Full-Time () Part-Time () Temporary () Summer Student () Co-op

Salary desired _____

Are you able to meet the attendance requirements of the position?Yes () No ()

Are you able to work overtime if required?Yes () No ()

If No, Please explain. _____

Have you ever been convicted of any crime?Yes () No ()

If Yes, please explain. _____

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Drivers License Number: _____ State _____ CDLYes () No ()

Have you had an accident or moving violation in the past three (3) years?Yes () No ()

If so, please explain: _____



Employment History (last 10 years- use back side of this page if necessary)

| | | | |
|--------------------------------|------------------|---------------------------|---|
| Employer | Telephone () | Dates Employed From To | Describe type of work and responsibilities |
| Address | | | |
| Job Title | | Starting Rate \$ Per | |
| Immediate supervisor | | | |
| Reason for leaving | | Ending Rate \$ Per | |
| May we contact? () Yes () No | | | |

| | | | |
|--------------------------------|------------------|---------------------------|---|
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| | | | |
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| Reason for leaving | | Ending Rate \$ Per | |
| May we contact? () Yes () No | | | |

Comments (Explain any gaps in employment.) _____

Education and Training

Provide information regarding educational background. Include schools attended, diplomas received, degrees attained, and any special training, certifications, or licenses.

| Name of School | Diploma received | Degree attained | Class rank | Major |
|-------------------------|------------------|-----------------|------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Certifications/Licenses | Type | Date attained | | Comments |
| | | | | |
| | | | | |
| | | | | |

References

List names and telephone numbers of three *business, work, or school* references. Please do not list relatives, clergy members, or any other personal references.

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | () | |
| | () | |
| | () | |

Additional Information

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other protected status.

| Name | Offices Held |
|------|--------------|
| | |
| | |
| | |

List special accomplishments, awards, publications, etc. Exclude information which would reveal sex, race, religion, national origin, age, color, disability or any other protected status. _____

List any additional information you would like us to consider. _____

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Pre-employment Statement

(Please read all sections carefully, and sign the statement below.)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if found later, termination from employment at Bus Group/Premier Bus Parts, Inc.

2. Any offer of employment I may receive from Bus Group/Premier Bus Parts, Inc. is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any pre-employment or post employment medical exams I may be required to take disclosed to Bus Group/ Premier Bus Parts, Inc.

3. I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, and subsequently injured on the job, I will be required to submit to an alcohol and/or drug screening at the time of initial medical treatment. I further understand, that if employed, I may be required to submit to an alcohol and/or drug screening at any time at the discretion of Bus Group/Premier Bus Parts, Inc. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Bus Group/Premier Bus Parts, Inc.

4. In processing my application for employment, Bus Group/Premier Bus Parts, Inc. may verify any and all of the information provided by me, or may procure or have prepared a consumer or an investigative report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request to the company, I will be informed whether a consumer or investigative report was requested and given full information as to the nature and scope of this investigation.

5. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President, Vice President, General Manager, or Manager of Human Resources has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and one of the individuals designated above.

Signature _____ Date _____

-----Do Not Write Below This Line-----

Contacted: Date/Time _____

Interviewed: Date/Time _____

Drug Screen Date: _____ Results: _____ Offer Made: _____ Date: _____

Requisition No.: _____ Hired: _____ Start Date: _____ Start Rate: _____

Comments _____

Consumer reports and Investigative Consumer Reports
Disclosure Notice and Authorization

Disclosure:

This form is to notify you that a Consumer Report and/or an Investigative Consumer Report may be obtained as part of a background check for your employment process. A "consumer report" is any written, oral, or other communication bearing on reputation, personal characteristics and/or mode of living. An "investigative consumer report" contains information which is obtained through personal interviews with your business associates, family members, friends, neighbors, or other third parties with whom you are acquainted. This information will include inquiries regarding your personal characteristics and/or mode of living.

If any adverse employment decision is made based on the information contained in a consumer report or an investigative consumer report, you will be given a copy of the report as well as a summary of your rights under the Fair Credit Reporting Act.

Authorization:

By my signature below, I authorize People Check by Gana, LLC to receive & release information in connection with my application for employment with _____. I authorize all law enforcement agencies and courts to release all written and verbal information about me to include **criminal history** record information and **driving license history record** information. I further authorize the performance of, the procurement of and the release of consumer reports and/or investigative consumer reports. I further understand that any and all information contained in my job application may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports and I confirm that all such information is true and correct. This authorization is good for 180 days from date of signature and if hired, will remain in effect for periodic background checks for the duration of my employment with this company.

APPLICANT'S NAME: _____
MAIDEN NAME or OTHER NAME USED: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE # _____ STATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

NOTARY (if applicable): _____

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by _____ in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Drug Free Works Associates, Inc. may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents Drug Free Works Associates, Inc. from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____