



10 North Main Street * Dover, PA * 17315 * Phone (717) 292-4531 * Fax (717) 292-9245
WWW.KELLYTRANSIT.COM

EMPLOYMENT APPLICATION

NAME: _____

Last

First

Middle

PRESENT ADDRESS: _____

Street

City

State

Zip

TELEPHONE: _____

Area Code

DRIVER'S LICENSE NUMBER: _____

E-MAIL ADDRESS: _____

HAVE YOU WORKED FOR US BEFORE? _____ IF YES, WHEN? _____

JOB APPLIED FOR: DRIVER _____ SUB DRIVER _____ ASSISTANT _____

ARE YOU INTERESTED IN PART TIME _____ OR FULL TIME _____

IF HIRED, WHEN WOULD YOU BE AVAILABLE FOR WORK? _____

PAY EXPECTED: \$ _____ PER HOUR

WERE YOU REFERRED BY ANY OF OUR EMPLOYEES AND, IF SO, WHO AND WHEN?

ARE YOU ABLE TO LIFT UP TO 50 POUNDS? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, INCLUDING A MOTOR VEHICLE CONVICTION?
_____NO _____YES.

A RECORD OF A CRIMINAL OR MOTOR VEHICLE CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. IN MAKING OUR DECISIONS, WE WILL CONSIDER MANY FACTORS, SUCH AS YOUR AGE AT THE TIME OF THE OFFENSE, THE SERIOUSNESS AND NATURE OF THE VIOLATION, AND WHETHER YOU HAVE BEEN REHABILITATED. WE WILL ALSO CONSIDER THE NATURE OF THE JOB FOR WHICH YOU ARE APPLYING.

KELLY TRANSIT IS A DRUG-FREE WORKPLACE AND DOES REQUIRE A PRE-EMPLOYMENT DRUG SCREENING AND A PRE-EMPLOYMENT PHYSICAL. IF CONSIDERED FOR EMPLOYMENT THE APPLICANT MUST COMPLETE BOTH BEFORE BEGINNING EMPLOYMENT.

HAVE YOU HAD ANY TRAFFIC VIOLATIONS OR ACCIDENTS DURING THE PAST FIVE YEARS? _____
IF YES, PLEASE EXPLAIN.(CLEAN DRIVING RECORD FOR 5 YEARS IS REQUIRED AND WILL BE VERIFIED)

DO YOU HAVE ANY OBJECTIONS TO KELLY TRANSIT OBTAINING YOUR DRIVING RECORD FROM THE STATE? _____YES _____NO

ARE THERE ANY EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT WITH EMPLOYMENT AT KELLY TRANSIT?

EDUCATION BACKGROUND

	ADDRESS	COMPLETED
HIGH SCHOOL		
COLLEGE		
BUSINESS/TRADE		

PERSONAL REFERENCES

PLEASE EXCLUDE FORMER EMPLOYERS AND RELATIVES
KELLY TRANSIT MAY CONTACT PERSON LISTED UNDER PERSONAL REFERENCES

NAME	CITY, STATE	YEARS KNOWN	PHONE NUMBER

PRESENT EMPLOYMENT

WOULD YOU OBJECT TO OUR CONTACTING YOUR PRESENT EMPLOYER? _____

YEARS AT JOB	NAME OF EMPLOYER	EMPLOYER ADDRESS	PAY RATE		EMPLOYER PHONE
			START	FINISH	

REASON FOR LEAVING?

DESCRIPTION OF WORK DONE?

EMPLOYMENT HISTORY

YEARS AT JOB	NAME OF EMPLOYER	EMPLOYER ADDRESS	PAY RATE		EMPLOYER PHONE
			START	FINISH	

REASON FOR LEAVING?

DESCRIPTION OF WORK DONE?

YEARS AT JOB	NAME OF EMPLOYER	EMPLOYER ADDRESS	PAY RATE		EMPLOYER PHONE
			START	FINISH	

REASON FOR LEAVING?

DESCRIPTION OF WORK DONE?

YEARS AT JOB	NAME OF EMPLOYER	EMPLOYER ADDRESS	PAY RATE		EMPLOYER PHONE
			START	FINISH	

REASON FOR LEAVING?

DESCRIPTION OF WORK DONE?

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION OF AGREEMENT

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION OR ANY SUPPLEMENT THERETO SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION AND CONTACT ANY PERSON OR COMPANIES NAMED IN THIS APPLICATION. I HAVE INDICATED ON PAGE TWO WHETHER OR NOT YOU MAY CONTACT MY PRESENT EMPLOYER. I HEREBY WAIVE MY RIGHT TO ACCESS TO CONFIDENTIAL STATEMENTS MADE IN RECOMMENDATIONS USED SOLELY FOR EMPLOYMENT.

SIGNATURE OF APPLICANT: _____

DATE: _____

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**OFFICE USE ONLY**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS:  
\_\_\_\_\_

DATE TO BEGIN EMPLOYMENT:  
\_\_\_\_\_

POSITION:  
\_\_\_\_\_

SALARY:  
\_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_