BUS-MAC, LLC Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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	□FULL-TIME ONLY	□PART-TIME	-	R PART-TIME
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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City & State)	NUMBER OF YEA COMPLETED	RS MAJOR & DEGREE
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EXCEPT SIGNATURE APPLICATION FOR EMPLOYMENT DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No Expiration date How many? _____ Have you had any accidents during the past three years? Have you had any moving violations during the past three years? How Many? OFFICE ONLY ☐ Yes ☐ Yes Word ☐ Yes WPM **Typing** □ No WPM 10-key ☐ No Processing ■ No PC Personal ☐ Yes Other ____ Skills _____ Mac Please list two references other than relatives or previous employers. Position _____ Position Company _____ Company _____ Address ___ Telephone () Telephone () An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

	MILITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES? ARE YOU NOW A MEMBER OF THE NATIONAL GUARD Specialty Date	?		ə	
W. I				
Work Experience Please list your work experience for the p If you were self-employed, give firm name			job neid.	
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		To	Final	
	Your last job title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
Address City, State, Zip Code		Employment dates	Pay or salary Start	
Address				
Address City, State, Zip Code		From To	Start	
Address City, State, Zip Code	supervisor	From To	Start	

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Did you complete this application yourself

If not, who did?

APPLICATION FOR EMPLOYMENT		

Work Please list your work experience for the past five years beginning with your most recent job held. experience If you were self-employed, give firm name. Attach additional sheets if necessary. **Employment dates** Name of employer Name of last Pay or salary Address supervisor City, State, Zip Code From Start Phone number To Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Name of employer Name of last **Employment dates** Pay or salary Address supervisor City, State, Zip Code From Start Phone number То Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. May we contact your present employer? ☐ Yes ☐ No

☐ Yes ☐ No

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Bus-Mac, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Bus-Mac, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Bus-Mac, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant_	Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.