

Application Submission Instructions:

Mail:

- Fill out this application in full and print it out.
- Mail completed application: Human Resources
 109 North Bailey Lane
 Purcellville, VA 20132

Physical address drop off: STAR Transit
 21250 Cooperative Way
 Tasley, VA 23441

Fax:

- Fill out this application in full and print it out.
- Fax completed application to: (540) 338-0690

Questions: 757-787-8322 or 877-777-2708

A COPY OF YOUR DMV DRIVING RECORD DATED WITHIN THE LAST 30 DAYS NEEDS TO ACCOMPANY YOUR APPLICATION.



How did you hear about us?

Recruitment Source

- | | | | |
|--------------------------|------------------|-------------------------|-------|
| <input type="checkbox"/> | Newspaper | <i>Please Specify:</i> | _____ |
| <input type="checkbox"/> | Current Employee | <i>Employee's Name:</i> | _____ |
| <input type="checkbox"/> | Publication | <i>Please Specify:</i> | _____ |
| <input type="checkbox"/> | Online | <i>Specify Website:</i> | _____ |
| <input type="checkbox"/> | Job Fair | | _____ |
| <input type="checkbox"/> | Company Vehicle | | _____ |
| <input type="checkbox"/> | Other | <i>Please Specify:</i> | _____ |

Applicant Name: _____

Date: _____

STAR TRANSIT

Mailing Address: Human Resources Office 109 N. Bailey Lane Purcellville, VA 20132 Telephone: 1-877-777-2708	Physical Address: 21250 Cooperative Way Tasley, VA 23441 Telephone: 767-787-8322
---	--

APPLICATION FOR EMPLOYMENT

Upon your request, reasonable accommodations will be made during the job application process in accordance with the provisions of the Americans with Disability Act (ADA).

INSTRUCTIONS: Please complete each section of the employment application in full. If more space is needed, attach a continuation sheet.

Position for which you are applying: _____

PERSONAL INFORMATION

Name: _____

(Last)	(First)	(Middle Initial)	
--------	---------	------------------	--

Address: _____

(Street)	(City)	(State)	(Zip Code)
----------	--------	---------	------------

Home Phone: _____ Cell Phone: _____

Email: _____

GENERAL INFORMATION

Check either YES or NO in the appropriate box & provide additional information if necessary.

	YES	NO
Were you previously employed by STAR Transit? If yes, provide employment dates / position:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid drivers' license? If yes, provide DL Number / State / Expiration Date:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relative(s) working for STAR Transit? If yes, state name and relationship:	<input type="checkbox"/>	<input type="checkbox"/>
For the purpose of compliance with the United States Immigration and Nationalization Act, and Section 40.1-11.1 of the Code of Virginia, are you legally eligible for employment in the United States?	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

	Name & Location	Date		Degree or # Of Credits Completed	Date Graduated	Major Area of Study
		From	To			
High School						
College or University						
Other Education						

EMPLOYMENT

List below present and past employment, beginning with the most recent. Include any related military service or related volunteer work. If appropriate, list number and title of employees you supervised in each position. You may attach a resume as supplemental information.

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
<div style="border: 1px solid black; padding: 5px;"> Position Title: Description of work: </div>						
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor's Name/Telephone					
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
<div style="border: 1px solid black; padding: 5px;"> Position Title: Description of work: </div>						
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor's Name/Telephone					
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
<div style="border: 1px solid black; padding: 5px;"> Position Title: Description of work: </div>						
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor's Name/Telephone					

Special Skills & Abilities (including computer skills) _____

By signing below, I certify that the statements in this application are true and complete to the best of my knowledge, and I agree that any intentional misstatement or omission may constitute grounds for unfavorable consideration of my application or dismissal from employment with STAR Transit. I authorize STAR Transit to obtain information from past employers and other sources to support the data on this application, including a review of my educational, criminal and credit records, as appropriate.

Employment by the Transit System is at the will of the Transit System. An employee's employment can be terminated with or without cause, for a reason or for no reason, and with or without notice, at anytime, at the option of the Transit System or the employee.

APPLICANT'S SIGNATURE _____ DATE _____