

**APPLICATION FOR EMPLOYMENT
EAST CAROLINA UNIVERSITY STUDENT TRANSIT AUTHORITY**

Name: _____

Date: _____

Date of Birth: / /

Banner ID # _____

Position you are interested in: **Bus Driver**

Safe-Ride

Local Phone: () _____

Permanent Phone: () _____

Local Address: _____

Permanent Address: _____

Driver License #: _____

State Licensed by: _____

Classification: _____

Endorsements: _____

Have you ever been convicted of Driving While Impaired? _____

Do you have any tickets on your driving record? _____ How many? _____

What is your current GPA? (minimum 2.00 required) _____

What is your expected date of graduation? _____

Will you be able to drive during summer school? _____

How many semester hours are you currently carrying? _____

Do you have any experience driving a bus or similar vehicle?

If yes, when and where? Employer: _____

Supervisor: _____

Address: _____

Phone:

Dates:

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In the space below, please provide any additional information which you feel may be relevant and you would like to have considered when your application for employment is reviewed.

Please list days and times that you are **UNABLE** to work.

I hereby attest that all of the information contained in this application for employment is correct and true to the best of my knowledge. I authorize ECU Transit to verify this information including my GPA and driving history. I understand that this is only an application for employment and does not constitute an employment offer of any kind.

Applicant Signature _____ Date _____

EAST CAROLINA UNIVERSITY STUDENT TRANSIT AUTHORITY

Is an equal opportunity employer.

ECU Student Transit Authority An Equal Opportunity Employer		Banner ID#	Name
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number
		No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending Salary \$ _____ per	Reason for Leaving
May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>			
Date Separated (mo/yr)	List major duties in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number
		No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>			
Date Separated (mo/yr)	List major duties in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number
		No. Supervised by you:	
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving
May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>			
Date Separated (mo/yr)	List major duties in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)</p>			
_____ Signature of Applicant (unsigned applications will not be processed)			_____ Date

DRIVER VERIFICATION FORM

(Please submit to Central Motor Pool for approval)

In accordance with ECU Risk Management Policy Number 11 Item IX
The Supervisors or Department Heads are responsible for reviewing driving record verification and taking any necessary action.

If the driving record verification indicates six or more driver license points in effect, the University employee will be directed to the NCDMV Drivers Handbook, outlining the Driver License Points system, Suspensions and Revocations, and Driver License Restoration, with a written warning advising the employee that the loss of a driver's license may result in disciplinary action up to and including dismissal if a valid driver's license is a condition of employment.

Vehicle Operator Name _____
(Please print)

Faculty/Staff _____ Grad. Assistant/Student _____

Date of Birth _____ NC Driver License Number _____

Copy of drivers license attached _____ Out of state history attached _____

Employee signature and date authorizing the driving record verification

Signature _____ Date _____

DEPARTMENT / SUPERVISOR INFORMATION

Signature and date of Supervisor/Department Head to whom the employee reports

Signature _____ Date _____

Printed Name _____ Department _____

VERIFICATION RESPONSE

Drivers License Current: _____

Current drivers license history indicates _____ points

Because driving record information is not available to us for the entire three (3) year period being reviewed; the Vehicle Operator must provide a notarized copy of his/her driving record from the

State of _____

Motor Pool Verification and date driving record verified

Verification Operator _____ Date _____