

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Green Mountain Community Network, Inc.

215 Pleasant St.

Bennington, VT 05201

(802) 447-0477

**APPLICATION FOR EMPLOYMENT**

**Section A**

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)

SOCIAL SECURITY NO. \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS

\_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE) # YEARS

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**LICENSE INFORMATION**

Section 383.21 FMCSR states "no person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below. If not applying as a driver skip to section C

**Section B**

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX.NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR – TWO TRAILERS				
BUS				
OTHERS				

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

NAME: \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT(HEAD ON, REAR-END, UPSET, ETC)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO
				YES	NO
				YES	NO

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THEN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_ NO \_\_\_\_

If yes, explain \_\_\_\_\_

2. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_ NO \_\_\_\_

If yes, explain \_\_\_\_\_

**Section C**

A. How did you learn about this position? \_\_\_\_\_

B. Have you filed an application with us before? \_\_\_\_\_ If yes date: \_\_\_\_\_

C. Are you presently employed? \_\_\_\_\_ May we contact you current employer? \_\_\_\_\_

D. Do any of you friends, relatives or spouse work here? \_\_\_\_\_

E. Are you currently on "lay- off" status and subject to recall? \_\_\_\_\_

F. Can you travel if the job requires it? \_\_\_\_\_

G. Position applied for (1) \_\_\_\_\_ And salary desired (2) \_\_\_\_\_  
(Driver, Per Diem Volunteer, Office Staff, etc.) (Be specific, per diem is current GSA Rate)

H. How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_ Can you work weekends? \_\_\_\_\_  
Employment desired: \_\_\_\_ FULL TIME ONLY \_\_\_\_ PART TIME ONLY \_\_\_\_ FULL OR PART TIME

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**EMPLOYMENT RECORD**  
**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

NAME: \_\_\_\_\_

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record)

**Must list the complete mailing address: street number and name, city state and zip code**

LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
DUTIES: \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
DUTIES: \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

DUTIES: \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No  
Was the previous job position designed as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

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NAME: \_\_\_\_\_

**Section D**

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

**Section E**

MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCE?	____ Yes ____ No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD	____ Yes ____ No
BRANCH _____	RANK _____
Specialty _____	Date Entered _____ Discharge Date _____

**Section F**

List any skills used or learned certifications, advancements or awards, etc attained during your career. (volunteer or paid) include dates and location.
Civic and volunteer activities, state additional offices held, dates, duties

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Name: \_\_\_\_\_

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job of occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes \_\_\_\_\_ No \_\_\_\_\_

#### Section G

Any additional qualifications or comments that might assist us in considering this application.

#### Section H

##### TO BE READ AND SIGNED BY APPLICANT

**I authorize you to make investigations and inquiries to my personal, employment, financial or medical history and other related matters as you may be necessary in arriving at an employment decision. (Generally inquirers regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my applications.**

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the GMCN.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e) I understand that I have the right to

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers and to re-send the corrected information to the prospective employer and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

NOTE: A list of (minimum three) references must also be provided. This application must be completed in its entirety unless the response or a membership would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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