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APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MARITAL OR VETERAN STATUS OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

POSITION APPLYING FOR CDL(School Transportation) ~ TAXICAB ~ STUDENT AIDE ~ OTHER		DATE OF APPLICATION
HOW DID YOU LEARN ABOUT BRIGGS TRANSPORTATION? ADVERTISEMENT WALK-IN FRIEND RELATIVE		WHO IS THE FRIEND OR RELATIVE? Name: Phone:

LAST NAME		FIRST NAME		MIDDLE NAME		
CURRENT ADDRESS			CITY		STATE	ZIP
PREVIOUS ADDRESS (If at current address less two years)			CITY		STATE	ZIP
HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS?		SOCIAL SECURITY NUMBER		TELEPHONE NUMBER		
				HOME:		
				CELL:		
DATE YOU WOULD BE AVAILABLE FOR WORK:	DO YOU WANT TO WORK: PART TIME FULL TIME	ARE YOU CURRENTLY EMPLOYED? YES NO		MAY WE CONTACT YOUR PRESENT/PAST EMPLOYER? YES NO		
EDUCATION LAST GRADE COMPLETED:			REASON FOR LEAVING CURRENT EMPLOYMENT			

EMPLOYMENT HISTORY

Please provide information for the previous 3 years. Commercial Vehicle (CDL) applicants please provide 10 years work history. (Continue on the back of this page if needed)

EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM:	TO:	
ADDRESS				
TELEPHONE NUMBER		STARTING:	FINAL:	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM:	TO:	
ADDRESS				
TELEPHONE NUMBER		STARTING:	FINAL:	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM:	TO:	
ADDRESS				
TELEPHONE NUMBER		STARTING:	FINAL:	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

MOTOR VEHICLE DRIVING RECORD AUTHORIZATION FORM

I REQUEST THE P.A. POST AGENCY, L.L.C. OBTAIN MY MOTOR VEHICLE DRIVING RECORDS AND I GRANT PERMISSION FOR P.A. POST TO SHARE THE RECORDS AND THE INFORMATION CONTAINED IN THE RECORDS WITH THE PERSON OR COMPANY WITH WHOM:

- (1) I AM EMPLOYED
- (2) I AM APPLYING FOR EMPLOYMENT; OR
- (3) I AM AN INDEPENDENT CONTRACTOR; OR
- (4) I AM APPLYING FOR A POSITION AS AN INDEPENDENT CONTRACTOR

ALSO, I GRANT P.A. POST PERMISSION TO SHARE THE RECORDS AND THE INFORMATION CONTAINED IN THE RECORDS WITH ANY AND ALL PERSONS OR COMPANIES THEA MAY HAVE AN INTEREST IN MY INSURABILITY AS A DRIVER INCLUDING, FOR EXAMPLE, INSURANCE COMPANIES AND INSURANCE BROKES.

I AGREE THAT P.A. POST SHALL NOT BE RESPONSIBLE FOR ANY ACTIONS TAKEN BY ANYONE BECAUSE OF THE USE OF THE INFORMATION CONTAINED WITHIN MY MOTOR VEHICLE RECORDS. I RELEASE P.A. POST AND WILL HOLD P.A. POST, ITS EMPLOYEES AND REPRESENTATIVES, FREE OF ANY LIABILITY ARISING FROM P.A. POST OBTAINING AND/OR PROVIDING THIS INFORMATION FOR THESE PURPOSES, ALSO, I GRANT P.A. POST CONTINUED PERMISSION FOR ALL OF THE ABOVE UNTIL SUCH TIME AS I NOTIFY P.A. POST IN WRITING BY CERTIFIED MAIL RETURN RECEIPT REQUESTED THAT THE PERMISSION IS WITHDRAWN.

APPLICANT: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE: _____

CLASS: _____ ENDORSEMENTS: _____ EXPIRATION: _____

DO YOU HAVE ANY POINTS ON YOUR LICENSE? _____

DO YOU CURRENTLY HOLD MORE THAN ONE DRIVER'S LICENSE? _____

HAVE YOU EVER HAD A DRIVERS LICENSE SUSPENDED, WITHDRAWN OR DENIED? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

If you answered YES to any of the above questions, please explain below.

HAVE YOU BEEN INVOLVED IN ANY ACCIDENTS IN THE LAST 3 YEARS?

(If yes, please explain)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application has been completed by me and that all entries and information in it are true and complete to the best of my knowledge. I understand that if hired, any misrepresentation of information in this application is cause for immediate dismissal. I further understand I may be required to have a pre-employment controlled substances and alcohol misuse test and will be placed in a random testing pool throughout my employment.

SIGNATURE: _____ DATE: _____