



APPLICATION FOR EMPLOYMENT

Bucks County Transport, Inc. (BCT) is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, ancestry, age, marital status, disability, military/veteran status, or any other characteristic protected by applicable law.

Please complete all sections. Incomplete applications may not be considered. You may attach a resume, but a resume alone is not a substitute for a completed application.

SECTION 1: PERSONAL INFORMATION

Full Legal Name (Last, First, Middle)	Date
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Street Address	City	State	ZIP
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Email Address	Primary Phone	Alternate Phone
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Are you at least 18 years of age? ☐ Yes ☐ No (If under 18, you may be required to provide work authorization.)

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B)? ☐ Yes ☐ No

Are you able to perform the essential functions of the position, with or without reasonable accommodation? ☐ Yes ☐ No

Have you ever been employed by Bucks County Transport, Inc.? ☐ Yes ☐ No

If yes, dates and position(s): _____

SECTION 2: POSITION INFORMATION

Position(s) Applied For	Date Available to Start
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Desired Pay Rate/Salary	Referral Source (How did you hear about us?)
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Employment Type Desired: ☐ Full-Time ☐ Part-Time ☐ Temporary/Seasonal

Can you work any shift? ☐ Yes ☐ No If no, explain: _____

Days & Hours Available:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							

Are you currently employed? ☐ Yes ☐ No

If currently employed, may we contact your present employer? ☐ Yes ☐ No

If currently employed, reason for seeking new employment: _____

SECTION 3: EDUCATION

Level	School Name & Location	Graduated?	Degree/Diploma	Major/Area of Study
High School / GED				
College / University				

Trade / Vocational				
Other				

Licenses & Certifications (e.g., CDL Class/Endorsements, CPR/First Aid, other relevant credentials):

License / Certification	Issuing Authority	License/Cert. #	Expiration Date

SECTION 4: EMPLOYMENT HISTORY

List your last seven (7) years of employment, starting with the most recent. Include all periods of unemployment. Incomplete information may disqualify you from consideration.

Employer 1 (Most Recent)

Employer Name	Phone	From (Mo/Yr)	To (Mo/Yr)
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Employer Address	Your Job Title	Supervisor Name & Title
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Summary of Duties & Responsibilities: _____

Reason for Leaving: _____ May we contact? ☐ Yes ☐ No

Employer 2

Employer Name	Phone	From (Mo/Yr)	To (Mo/Yr)
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Employer Address	Your Job Title	Supervisor Name & Title
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Summary of Duties & Responsibilities: _____

Reason for Leaving: _____ May we contact? ☐ Yes ☐ No

Employer 3

Employer Name	Phone	From (Mo/Yr)	To (Mo/Yr)
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Employer Address	Your Job Title	Supervisor Name & Title
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Summary of Duties & Responsibilities: _____

Reason for Leaving: _____ May we contact? ☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign? ☐ Yes ☐ No

If yes, please explain: _____

SECTION 5: SKILLS & QUALIFICATIONS

Do you have a valid driver's license? ☐ Yes ☐ No State: _____ Class: _____ Endorsements: _____

Have you had any moving violations or accidents in the past three (3) years? ☐ Yes ☐ No

If yes, please describe: _____

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain: _____

Special skills, training, or experience relevant to the position applied for: _____

Professional or civic organizations relevant to this position: (Exclude organizations that indicate race, color, religion, national origin, sex, sexual orientation, gender identity, age, disability, or other protected status.) _____

SECTION 6: PROFESSIONAL REFERENCES

Provide three (3) professional references who are not relatives and have known you for at least three years.

Name	Phone / Email	Relationship / Company	Years Known
1.			
2.			
3.			

SECTION 7: APPLICANT ACKNOWLEDGMENTS & AUTHORIZATION

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

At-Will Employment: I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Bucks County Transport, Inc. (BCT) to hire me. If I am hired, I understand that my employment is at-will, meaning that either BCT or I may terminate the employment relationship at any time, for any lawful reason, with or without cause or prior notice. I understand that no representative of BCT, other than the CEO acting in writing, has the authority to make any agreement contrary to the foregoing.

Truthfulness of Information: I certify that the information provided in this application is true, complete, and correct to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application or during any phase of the hiring process may result in the denial of employment or, if employed, immediate termination regardless of when such falsification is discovered.

Reference & Background Check Authorization: I authorize BCT to contact the references listed in this application and to verify any information provided herein, including but not limited to employment history and educational credentials. I understand that a separate written authorization will be required before any consumer report or background investigation is conducted, in accordance with the Fair Credit Reporting Act (FCRA) and applicable state and local laws.

Drug & Alcohol Testing: I understand that BCT may require pre-employment and/or post-employment drug and alcohol testing as a condition of employment, in accordance with applicable federal and state regulations, including U.S. Department of Transportation (DOT) requirements where applicable. Refusal to submit to testing or a positive result may disqualify me from employment or result in termination.

Accommodations: BCT is committed to providing reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA). If you require an accommodation to complete this application or participate in the hiring process, please contact the Human Resources Department.

Applicant Signature: _____

Date: _____

Print Name: _____

EQUAL OPPORTUNITY EMPLOYER

Bucks County Transport, Inc. is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, gender identity, marital status, physical or mental disability, military status, unfavorable discharge from military service, genetic information, or any other characteristic protected by applicable federal, state, or local law. This policy applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.