



Academy Bus, L.L.C.
111 Paterson Avenue
Hoboken, NJ 07030

APPLICATION FOR EMPLOYMENT

PRINT LEGIBLY IN BLACK INK

PERSONAL DATA

Date: Position Applied for: Social Security No.

Name: Last First M.

List residences for the last ten years and give dates lived at each address:

Present: Number Street City State Zip

Past:

Home Phone Number Cell Phone Number

I am interested in: Full Time Part Time

If part time, please indicate your availability: Evenings Only Weekdays Only Weekends Only

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Yes please explain:

*Do not include a Crime which has been expunged, annulled, or sealed by a court. (The existence of a criminal conviction does not constitute automatic disqualification of employment)

If hired, you will be required to furnish proof that you are legally authorized to work in the United States.

Can you furnish such proof? Yes No

Have you ever applied for employment at Academy? Yes No

Have you ever been employed at Academy? Yes No

Position Held: When? to

Do you have any relatives working for Academy? Yes No If yes please indicate:

NAME RELATIONSHIP

DEPARTMENT LOCATION

RELATIVES WILL NOT BE EMPLOYED UNDER THE DIRECT SUPERVISION OF ONE ANOTHER NOR WILL THEY BE PLACED IN THE SAME DEPARTMENT, IF IN ACADEMY'S OPINION, THIS COULD RESULT IN POTENTIAL CONFLICT OF INTEREST.

WHO OR WHAT LED YOU TO APPLY TO ACADEMY?

SCHOOL AGENCY AD EMPLOYEE WALK-IN OTHER

IDENTIFY THE AGENCY, NEWSPAPER, SCHOOL OR EMPLOYEE:

ASBURY PARK PRESS BERGEN RECORD NEWARK STAR LEDGER NY DAILY NEWS

OTHER (Please Specify)

ACADEMY IS AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT EMPLOYMENT HISTORY

PLEASE ACCOUNT FOR YOUR TIME DURING THE PAST TEN YEARS, INCLUDING JOBS, SCHOOLING, UNEMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE, ETC. IF YOU NEED ADDITIONAL SPACE, PLEASE ASK FOR ADDITIONAL PAGES.

DATES OF EMPLOYMENT

FROM DATE

 /

 YEAR

TO DATE

 /

 YEAR

SALARY \$

Hourly Weekly Monthly Annually

Employer's Name (Present or Most Recent) _____

Employer's Address _____ Schedule _____

Employer's City _____ State _____ Zip Code _____

Job Title _____

Supervisor's Name _____ Phone No. _____

Your Job Duties and Responsibilities _____

Reason for Leaving _____

DATES OF EMPLOYMENT

FROM DATE

 /

 YEAR

TO DATE

 /

 YEAR

SALARY \$

Hourly Weekly Monthly Annually

Employer's Name (Present or Most Recent) _____

Employer's Address _____

Employer's City _____ State _____ Zip Code _____

Job Title _____

Supervisor's Name _____ Phone No. _____

Your Job Duties and Responsibilities _____

Reason for Leaving _____

DATES OF EMPLOYMENT

FROM DATE

 /

 YEAR

TO DATE

 /

 YEAR

SALARY \$

Hourly Weekly Monthly Annually

Employer's Name (Present or Most Recent) _____

Employer's Address _____

Employer's City _____ State _____ Zip Code _____

Job Title _____

Supervisor's Name _____ Phone No. _____

Your Job Duties and Responsibilities _____

Reason for Leaving _____

DATES OF EMPLOYMENT

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SALARY \$

Hourly Weekly Monthly Annually

Employer's Name (Present or Most Recent) _____

Employer's Address _____

Employer's City _____ State _____ Zip Code _____

Job Title _____

Supervisor's Name _____ Phone No. _____

Your Job Duties and Responsibilities _____

Reason for Leaving _____

EDUCATIONAL RECORD

Type of School	Name and Location of School	GED / Diploma Degree	Field of Study
High School <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		
	ADDRESS		
College <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		
	ADDRESS		
Professional or Technical Schools <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		
	ADDRESS		
Graduate or Post Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		
	ADDRESS		

PROFESSIONAL LICENSE / CERTIFICATION / REGISTRATION

Do you have a Professional License? Yes No

Name three (3) close friends who can, and are willing to, furnish detailed information about your background for the past three to five years.

1. Name: _____
 Address: _____
 Telephone Number: _____ Length of Time Acquainted? _____
 How often do you see each other? _____
2. Name: _____
 Address: _____
 Telephone Number: _____ Length of Time Acquainted? _____
 How often do you see each other? _____
3. Name: _____
 Address: _____
 Telephone Number: _____ Length of Time Acquainted? _____
 How often do you see each other? _____

NOTE: This section must be completed by ALL applicants in your OWN HANDWRITING
In the space provided below, write one paragraph stating why you want to work for this company:.

NOTICE AND AGREEMENT

I understand and agree that if I am hired by Academy Bus, L.L.C., (hereinafter called the "Company") I will be an at-will employee and my employment may be terminated by the Company, or me at anytime with or without cause.

I further understand and agree that nothing contained in any manual, handbook, policy statement or work rule of Academy constitutes a contract of employment or agreement for a definite term of employment. Nor does anything in any manual, handbook, policy statement or work rule of the Company limit or otherwise restrict (A) The right of the Company or any employee to terminate the employment relationship at any time, with or without cause and whether or not the Company has complied with applicable procedures; (B) The right of the Company to change the terms and conditions of employment (including, but not limited to, wages and benefits) as to any employee; or (C) The right of the Company to modify the terms of any manual, handbook, policy statement or work rule.

This notice and agreement may not be modified or altered in substance, scope or application except by written agreement by the President of the Company.

Signature of the Applicant _____ Date: _____