



IndiGO  
 PO Box 869  
 1657 Saltsburg Avenue  
 Indiana, PA 15701  
 724-465-2140

**EMPLOYMENT APPLICATION**

Instructions: Thank you for your interest in employment with IndiGO. Please complete all sections of this employment application to be considered for employment at IndiGO. We are an equal opportunity employer. Use additional paper to provide complete answers to any questions. Print and mail completed application to IndiGO, PO Box 869, Indiana, PA 15701 or email as attachment to [employment@indigobus.com](mailto:employment@indigobus.com). **IF SUBMITTING APPLICATION VIA EMAIL, LEAVE SOCIAL SECURITY NUMBER BLANK.**

**SECTION 1: PERSONAL INFORMATION**

Last Name	First Name	Middle Name	Birth Date mm/dd/yyyy
Street Address			Home Phone
City	State	Zip Code	Mobile Phone
Social Security Number	Email Address		

**Please list all addresses you have resided in the past three years:**

Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code

**SECTION 2: DESIRED EMPLOYMENT**

Position Desired	Date Available mm/dd/yyyy	Compensation Desired
Have you ever applied for employment at IndiGO before? <input type="radio"/> Yes <input type="radio"/> No		
Where	When mm/dd/yyyy	
Have you ever worked for IndiGO before? <input type="radio"/> Yes <input type="radio"/> No		
Where	When mm/dd/yyyy	
Please list any other names under which you have been employed:		
Are you legally authorized to work in the United States on an unrestricted basis for any employer? <input type="radio"/> Yes <input type="radio"/> No		
Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No		
If yes, please explain:		

**SECTION 3: EDUCATION**

Education/Type	Name & City	Did you Graduate?	Degree
High School		<input type="radio"/> Yes <input type="radio"/> No	
College		<input type="radio"/> Yes <input type="radio"/> No	
Graduate School		<input type="radio"/> Yes <input type="radio"/> No	
Other		<input type="radio"/> Yes <input type="radio"/> No	

**SECTION 4: EMPLOYMENT HISTORY**

**Please provide you complete Employment History for the past 3 years. If you drove a commercial vehicle any time in the 7 years before the last 3 years, please detail that employment information also. Use extra paper if necessary.**

Name of Present or Last Employer:			
Street Address	City	State	Zip Code
Starting Date (mm/yyyy)	Date Last Worked (mm/yyyy)	Job Title	
Starting Salary/Hourly Rate	Final Salary/Hourly Rate	Starting Commission/Bonus	Final Commission/Bonus
Summarize Type of Work Performed and Job Responsibilities:			
Reason(s) for Leaving:			
If you were terminated or asked to resign, please explain:			
May we contact your supervisor? <input type="radio"/> Yes <input type="radio"/> No	If no, why?		
Supervisor's Name:	Title:	Employer's Phone:	
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?		<input type="radio"/> Yes <input type="radio"/> No	
Was your job designated as safety sensitive in any DOT Regulated mode?		<input type="radio"/> Yes <input type="radio"/> No	
Were you subject to DOT Required Drug and Alcohol Testing?		<input type="radio"/> Yes <input type="radio"/> No	

**EMPLOYMENT HISTORY CONTINUED ON NEXT PAGE**

**THIS SPACE INTENTIONALLY LEFT BLANK**

Name of Previous Employer:			
Street Address	City	State	Zip Code
Starting Date (mm/yyyy)	Date Last Worked (mm/yyyy)	Job Title	
Starting Salary/Hourly Rate	Final Salary/Hourly Rate	Starting Commission/Bonus	Final Commission/Bonus
Summarize Type of Work Performed and Job Responsibilities:			
Reason(s) for Leaving:			
If you were terminated or asked to resign, please explain:			
May we contact your supervisor? <input type="radio"/> Yes <input type="radio"/> No	If no, why?		
Supervisor's Name:	Title:	Employer's Phone:	
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?		<input type="radio"/> Yes <input type="radio"/> No	
Was your job designated as safety sensitive in any DOT Regulated mode?		<input type="radio"/> Yes <input type="radio"/> No	
Were you subject to DOT Required Drug and Alcohol Testing?		<input type="radio"/> Yes <input type="radio"/> No	

Name of Previous Employer:			
Street Address	City	State	Zip Code
Starting Date (mm/yyyy)	Date Last Worked (mm/yyyy)	Job Title	
Starting Salary/Hourly Rate	Final Salary/Hourly Rate	Starting Commission/Bonus	Final Commission/Bonus
Summarize Type of Work Performed and Job Responsibilities:			
Reason(s) for Leaving:			
If you were terminated or asked to resign, please explain:			
May we contact your supervisor? <input type="radio"/> Yes <input type="radio"/> No	If no, why?		
Supervisor's Name:	Title:	Employer's Phone:	
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?		<input type="radio"/> Yes <input type="radio"/> No	
Was your job designated as safety sensitive in any DOT Regulated mode?		<input type="radio"/> Yes <input type="radio"/> No	
Were you subject to DOT Required Drug and Alcohol Testing?		<input type="radio"/> Yes <input type="radio"/> No	

Name of Previous Employer:			
Street Address	City	State	Zip Code
Starting Date (mm/yyyy)	Date Last Worked (mm/yyyy)	Job Title	
Starting Salary/Hourly Rate	Final Salary/Hourly Rate	Starting Commission/Bonus	Final Commission/Bonus
Summarize Type of Work Performed and Job Responsibilities:			
Reason(s) for Leaving:			
If you were terminated or asked to resign, please explain:			
May we contact your supervisor?	If no, why?		
<input type="radio"/> Yes <input type="radio"/> No			
Supervisor's Name:	Title:	Employer's Phone:	
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?		<input type="radio"/> Yes <input type="radio"/> No	
Was your job designated as safety sensitive in any DOT Regulated mode?		<input type="radio"/> Yes <input type="radio"/> No	
Were you subject to DOT Required Drug and Alcohol Testing?		<input type="radio"/> Yes <input type="radio"/> No	

Name of Previous Employer:			
Street Address	City	State	Zip Code
Starting Date (mm/yyyy)	Date Last Worked (mm/yyyy)	Job Title	
Starting Salary/Hourly Rate	Final Salary/Hourly Rate	Starting Commission/Bonus	Final Commission/Bonus
Summarize Type of Work Performed and Job Responsibilities:			
Reason(s) for Leaving:			
If you were terminated or asked to resign, please explain:			
May we contact your supervisor?	If no, why?		
<input type="radio"/> Yes <input type="radio"/> No			
Supervisor's Name:	Title:	Employer's Phone:	
Were you subject to Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?		<input type="radio"/> Yes <input type="radio"/> No	
Was your job designated as safety sensitive in any DOT Regulated mode?		<input type="radio"/> Yes <input type="radio"/> No	
Were you subject to DOT Required Drug and Alcohol Testing?		<input type="radio"/> Yes <input type="radio"/> No	

**EMPLOYMENT GAPS:**

Explain any periods that you were not working during the past 10 years other than due to illness, injury or disability:

**RELATED INFORMATION:**

If you hold any certifications, are a member of any job related organization (professional, trade, etc.) or have received any job related awards or accomplishments, list and describe them.

**JOB SKILLS and QUALIFICATIONS:**

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

### SECTION 5: DRIVER INFORMATION

**Driver's License Information:** Please list all States in the past 3 years where a license was held.

	State	License Number	Type (Class)	Expiration Date (mm/dd/yyyy)
<b>Driver's Licenses</b>				

**Driving Experience:** Please list all driving experience.

**Driver's License Information:** Please list all States in the past 3 years where a license was held.

Class of Equipment	Type of Equipment (Flatbed, Van, Mini-Bus, etc.)	Dates (mm/yyyy)		Approximate Number of Miles (Total)
		From	To	
<b>Bus</b>				
<b>Tractor and Semi-Trailer</b>				
<b>Other (Indicate Type)</b>				

**Accident record for the past 3 years or more** (Attach sheet if more space is needed)

	Date (mm/dd/yyyy)	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities?	Injuries?
<b>Last Accident</b>			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>Next Previous</b>			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>Next Previous</b>			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>Next Previous</b>			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**Traffic Convictions and Forfeitures for the past 3 years** (Other than parking violations)

Location (City, State)	Date (mm/yyyy)	Charge	Type of Vehicle Operations

**SECTION 5: DRIVER INFORMATION Continued**

If the answer to any of the following questions is YES, please attach a statement giving details.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
*If you answer "yes", you must attach a statement giving details.*

2. Have any license, permit or driving privilege ever been suspended or revoked?  Yes  No

3. For the past 2 years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work?  Yes  No

*If you answered "yes", you must identify the DOT-regulated employers and when the testing took place in the space below. You must provide IndiGO with the documents that you successfully completed the return-to-duty process required by the DOT regulations. Failure to provide this documentation to IndiGO within two (2) weeks or other time period determined by IndiGO will result in the withdrawal of any job offer/transfer.*

**SECTION 6: ACKNOWLEDGEMENT, CERTIFICATION, AUTHORIZATION**

I, the applicant, certify that the entries and information set forth in this Application are true and complete to the best of my knowledge. I understand that deliberately entering false information will result in the withdrawal of any offer/transfer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

THIS SPACE INTENTIONALLY LEFT BLANK

THIS SPACE INTENTIONALLY LEFT BLANK

**SECTION 6: ACKNOWLEDGEMENT, CERTIFICATION, AUTHORIZATION Continued**

***PLEASE READ CAREFULLY BEFORE SIGNING. Initial this page where indicated and sign the next page after reading all certifications and notices contained therein.***

1. I certify that the information contained in this application for employment at IndiGO is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
2. I understand that if I am offered employment at IndiGO it is at-will and can be terminated at any time and for any reason with or without advance notice by myself or IndiGO.
3. I understand and agree that only IndiGO has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representation regardless of the source.
4. I understand and agree that IndiGO may make a full and complete investigation of my personal employment history, and authorize former employer, firm, corporation, school, government agency, or other entity to provide IndiGO with any information (including fact or opinion) that may have regarding me. In consideration of IndiGO's review of this application, I release IndiGO and all providers of any information from any liability which may arise as a result of furnishing or receiving this information. I understand and agree any employment offer or continued employment shall authorize IndiGO to provide truthful information (fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against IndiGO for truthfully communication any such information to any potential or future employer.
5. I understand and agree that I may be required to submit to drug testing and complete a medical examination as part of my application for employment. I also understand and agree that I may be required to submit to additional medical examinations during my employment with IndiGO, provided that such examination is job-related and consistent with business necessity. I consent to such testing, and authorize the physician conducting the examination and any laboratory testing, any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to IndiGO, if requested. IndiGO will keep such results confidential and disclose the results only to persons who need to know where required by law. Also, I agree to fully cooperate and provide IndiGO with any additional consent(s) and/or release(s) as required by IndiGO to investigate my employment application.
6. I agree the IndiGO may investigate and consider any criminal conviction record that I may after it makes a conditional offer of employment. IndiGO may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying.
7. I understand and agree that is offered employment by IndiGO I may be required to disclose military service information in accordance with law, and that any such employment offer shall be depended upon the receipt of satisfactory military record as determined by IndiGO.
8. If hired, I agree not to disclose or use confidential information belonging to prior employees and that I will inform IndiGO of any agreements that would limit my ability to work for IndiGO.

---

Initial Here

**SECTION 6: ACKNOWLEDGEMENT, CERTIFICATION, AUTHORIZATION Continued**

**Disclosure and Authorization to Obtain Consumer Reports and Driving Performance history**

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment related purposes, IndiGO may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by IndiGO for employment purposes without your prior written authorization. I hereby acknowledge IndiGO has disclosed, in writing, that it may obtain a consumer report bearing my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize IndiGO and its representatives and agents to obtain a consumer report bearing my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

I hereby acknowledge and consent to IndiGO to obtain and review reports of driver history from States in which a license has been held in accordance with, but not limited to, 48 CFR Part 391. This consent shall be considered continuing, permitting for additional driver history inquires as deemed necessary by IndiGO for the entire length of my employment with IndiGO.

**Previous Employer Inquires and Investigations**

As required by 391.23, we will make investigative inquiries to previous DOT-related employers related to your employment history, drug and alcohol testing results, and accident history. We will use this information in our hiring decision. Pursuant to 391.23, you have the following rights with regard to responses received in these areas from previous DOT-regulated employers:

1. The right to review information provided by previous DOT-regulated employers;
2. The right to have errors in the information corrected by the previous employer; and for that previous employer to re-send the corrected information to the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information.

If you wish to review the previous DOT-regulated employer information in response to required inquiries, you must submit a written request to IndiGO no later than 30 days after being employed or being notified of denial of employment. After making such written request, any information received will be provided to you within five (5) days, unless no information has been provided in response to required inquiries. For information or procedures to rebut information provided by previous DOT-regulated employers, see Title 49 of the Coded Federal Regulations (CFR) Part 391.23(j).

**I hereby acknowledge and certify that I have read and understood these Authorizations and Notifications on this and the previous page (pages 6-8) of this Application for Employment.**

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**PREVIOUS EMPLOYER - SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

Mailed Faxed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ATTENTION: Human Resource/Personnel Department**

Indiana County Transit Authority is federally regulated by the US Department of Transportation (USDOT) and the Federal Motor Carrier Safety Administration (FMCSA). As such, we are required by law to contact previous/current employers where and applicant has operated commercial vehicles to obtain specific information. This form includes information we are required to obtain under 49 CFR Part 391.23.

As a previous/Current employer of a commercial vehicle operator, you are required by law to comply with this request and provide information as indicated under 49 CFR Part 391.23(g). Below is an executed release authorization from your previous/current employee (Section 1). On the following page are inquiries, which must be completed (Section 2).

*Thank you for your cooperation.* Information can be returned confidentially via any of the following methods:

1. Via Fax to: 724-465-1933
2. Via Email to: [employment@indigobus.com](mailto:employment@indigobus.com)
3. Via US Mail to: Indiana County Transit Authority  
Attn: HR  
PO Box 869  
Indiana PA 15701

**INSTRUCTIONS TO COMPLETE THIS FORM**

**SECTION 1: PROSPECTIVE EMPLOYEE/APPLICANT**

- Complete the information required in this section
- Sign and date
- Submit to IndiGO

<b>Section 1</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE/APPLICANT</b>			
<p>Last Name</p> <p><b>I,</b></p> <p>Social Security Number</p> <p>hereby authorize:</p> <p>Street Address</p> <p>Email Address</p> <p><b>to release and forward the information requested by Section 2 of this document concerning my employment records for the previous 3 years to Indiana County Transit Authority (IndiGO).</b></p> <p>_____</p> <p align="center">Authorization Signature</p>	<p>First Name</p> <p>Date of Birth (mm/dd/yyyy)</p> <p>Previous Employer's Name</p> <p>_____</p> <p align="center">Date</p>	<p>Middle Name</p> <p>_____</p> <p>City</p> <p>Phone</p>	<p>State</p> <p>Fax</p>	<p>Zip Code</p>

**PREVIOUS EMPLOYER - SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

Mailed Faxed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 2: PREVIOUS EMPLOYER**

- Complete the information in this section; sign, date and return to Indiana County Transit Authority (IndiGO)

Section 2	TO BE COMPLETED BY PREVIOUS EMPLOYER				
<b>ACCIDENT HISTORY</b>					
The applicant named in Section 1 above was employed by us. <input type="checkbox"/> - Yes <input type="checkbox"/> - No					
Employed as _____ From (M/Y)_____/_____/_____ To (M/Y)_____/_____/_____					
Did he/she drive a motor vehicle for you? <input type="checkbox"/> - Yes <input type="checkbox"/> - No    If yes, what type of vehicle? _____					
Why did he/she leave your Company?    Quit    Terminated    Laid Off            Would you re-hire? <input type="checkbox"/> - Yes <input type="checkbox"/> - No					
<b>ACCIDENTS:</b> Complete the following for any accidents included on your DOT Accident Register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this driver.					
	<b>Date</b> (mm/dd/yyyy)	<b>Location</b>	<b>Number of Injuries</b>	<b>Number of Fatalities</b>	
1					
2					
3					
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers under internal company policies: _____					
<b>DRUG AND ALCOHOL HISTORY</b>					
If the driver was not subject to US DOT testing requirements while employed by you, please check here <input type="checkbox"/> sign, and return. Driver was subject to US DOT testing requirements from _____ to _____					
1	Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?			Yes	No
2	Has this person tested positive or adulterated or substituted a test specimen for controlled substances?			Yes	No
3	Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?			Yes	No
4	Has this person committed other violations of Subpart B of Part 382, or Part 40?			Yes	No
5	If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse professional (SAP) in your employ? If no, please send documentation back with this form. If you are unsure, check yes.			Yes	No
6	For a driver who successfully completed SAP's rehabilitation referral and remained in your employ, did the driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?			Yes	No
In answering these questions, include any required DOT drug or alcohol testing information obtained from the prior previous employers in the previous 3 years prior to the application date shown in Section 1.					
Name: _____ Telephone # (_____) _____ - _____					
Company: _____					
Address: _____					
	Street		City	State	Zip Code
Section 2 completed by: _____					
	Signature		Date		

**INDIGO EMPLOYEMENT APPLICATION SUPPLEMENT PAGE 1 of 2**

You may use this page to provide additional information related to this application. Please note the section your information is referring to, e.g. SECTION 4: EMPLOYEMENT HISTORY when entering additional information. You need not include this page with you application if it is blank.

Your name as it appears on Page 1 of this application:

Last Name

First Name

Middle Name

**ADDITIONAL REMARKS, INFORMATION**

**INDIGO EMPLOYEMENT APPLICATION SUPPLEMENT PAGE 2 of 2**

You may use this page to provide additional information related to this application. Please note the section your information is referring to, e.g. SECTION 4: EMPLOYEMENT HISTORY when entering additional information. You need not include this page with you application if it is blank.

Your name as it appears on Page 1 of this application:

Last Name

First Name

Middle Name

**ADDITIONAL REMARKS, INFORMATION**