



Source Code _____

DELAWARE TRANSIT CORPORATION

APPLICATION FOR EMPLOYMENT

The Delaware Transit Corporation is an equal opportunity employer and service provider. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, political opinion or affiliation. We are an Equal Opportunity Employer.

PLEASE PRINT CLEARLY

Date of Application			
Name:	(Last)	(First)	(MI)
Mr. Mrs. Ms.			
Full Address	Street		Apt. No.
City	State	Zip Code	County New Castle Kent Sussex
Telephone:			May we call you at work?
Home ()		Work ()	

POSITION APPLIED FOR						
How did you hear about this employment opportunity?	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Website	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
CHECK THE TYPE(S) OF EMPLOYMENT YOU WILL ACCEPT:						
Full Time _____	Part Time _____	Shift Work _____	Temporary _____			
Circle County(s) in which you will accept work:						
	NEW CASTLE	KENT	SUSSEX			

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, GIVE DATE _____
HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE UNDER A DIFFERENT NAME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, GIVE DATE _____
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, GIVE DATE _____
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MAY WE CONTACT YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MAY WE CONTACT YOUR PAST EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WHEN WOULD YOU BE AVAILABLE FOR WORK?	_____		
ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	NAME AND LOCATION	TOTAL CREDITS EARNED	DIPLOMA OR DEGREE RECEIVED	MAJOR SUBJECT	MINOR SUBJECT
HIGH SCHOOL/ GED					
COLLEGE OR UNIVERSITY					
GRAD SCHOOL <small>(TRANSCRIPTS MAY BE REQUIRED)</small>					
OTHER					
PROFESSIONAL MEMBERSHIPS					

SPECIAL SKILLS

LIST ANY EQUIPMENT WITH WHICH YOU ARE PROFICIENT AND OTHER SKILLS WHICH YOU POSSESS THAT ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. FOR EXAMPLE: SKILLS WITH MACHINES, COMPUTERS/ SOFTWARE LANGUAGES:

DO YOU HAVE A VALID CDL LICENSE? YES NO

CDL PERMIT? YES NO CLASS: _____

LIST CURRENT ENDORSEMENTS _____ EXPIRATION DATE _____

**PLEASE LIST YOUR EMPLOYMENT HISTORY FOR THE LAST 10 YEARS
IF YOU NEED MORE SPACE, PLEASE USE A SEPARATE SHEET OF PAPER.**

Start with your present or last job, include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or another protected status.

EMPLOYER	FROM (MONTH/DAY/YEAR)	TO (MONTH/DAY/YEAR)		
TELEPHONE NUMBER ()	STARTING SALARY	ENDING SALARY	BEGINNING TITLE	ENDING TITLE
SUPERVISOR		REASON FOR LEAVING		
WORK PERFORMED				

EMPLOYER		FROM (MONTH/DAY/YEAR)		TO (MONTH/DAY/YEAR)	
TELEPHONE NUMBER ()	STARTING SALARY	ENDING SALARY	BEGINNING TITLE	ENDING TITLE	
SUPERVISOR		REASON FOR LEAVING			
WORK PERFORMED					

EMPLOYER		FROM (MONTH/DAY/YEAR)		TO (MONTH/DAY/YEAR)	
TELEPHONE NUMBER ()	STARTING SALARY	ENDING SALARY	BEGINNING TITLE	ENDING TITLE	
SUPERVISOR		REASON FOR LEAVING			
WORK PERFORMED					

EMPLOYER		FROM (MONTH/DAY/YEAR)		TO (MONTH/DAY/YEAR)	
TELEPHONE NUMBER ()	STARTING SALARY	ENDING SALARY	BEGINNING TITLE	ENDING TITLE	
SUPERVISOR		REASON FOR LEAVING			
WORK PERFORMED					

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

I understand that if an offer of employment is made after completing the full application process, I may be required to pass a physical and drug and alcohol screen provided at the company's expense, by the company's designated physician, in accordance with Federal and State laws. In connection with my application for employment (including contract for services) I understand that investigative background inquiries may be made including criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that information from various federal, state and other agencies which maintain records relating to my driving, criminal, civil and other experiences may be required. If this information is required, I will be requested to sign a release authorizing the investigation. If I am applying for a position requiring a CDL, I will be required to authorize release of my driving record, alcohol and drug testing results from previous employers, and provide my valid CDL license or CDL permit to be photocopied.

I understand that this application shall be considered active for a period of not more than one year. I acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

The entire application must be completed for consideration.

SIGNED: _____ DATE: _____

900 PUBLIC SAFETY BOULEVARD
DOVER, DE 19901

119 LOWER BEECH STREET
WILMINGTON, DE 19805

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV



U.S. Wage and Hour Division