

# **!!!STOP!!!**

Please read this section before continuing.

Thank you for your interest in employment at Rides Mass Transit.

Before you fill out this form, please save it to your computer/desktop first and fill it out there. Our technical department has found an issue with certain browsers that prevent the data you enter from saving.

Once you have it on your computer you can then open it in Adobe Reader or similar application and edit the document.



## NOTICE TO APPLICANTS

Applications must be filled out completely. Failure to fully complete this application may disqualify you from consideration. You may indicate “N/A” or “not applicable” for items that do not apply to you. Employment history should be complete for your last (4) employers. A notation should be made explaining periods between employment such as school, job search, etc.

Resume’s may be attached, but do not remove the requirement to complete the application.

*We are an Equal Opportunity employer through affirmative action to assure that policies and practices relative to equal opportunity are enforced. Women and minorities are encouraged to apply.*

## AUTHORIZATION

I, (Undersigned) hereby give permission to Rides Mass Transit District or any agents of Rides Mass Transit District to have any information verified, including my employment, past employment, criminal report and criminal background information (if any), education, driving records, citizenship.

I further agree that a photocopy of the authorization may be accepted with the same authority as the original.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Signature) (Please Print)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

In signing this application for employment, I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company's service if I am employed. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me on this application.

_____	_____	_____	_____
Last Name	First	Middle	Social Security Number
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Phone Number			
_____			
Driver's License Number			

Position(s) Applied For: \_\_\_\_\_

**Employment History:** Begin with current or last job. Include military service assignments. If you include volunteer activities, you may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status.

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hourly/Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Duties or Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hourly/Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Duties or Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hourly/Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Duties or Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Hourly/Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Duties or Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EDUCATION**

School	Location	Diploma/Degree	Studies
Elementary			
High School			
Trade/Professional			
College/University			
Graduate School			

Fluency in Foreign Language(s) \_\_\_\_\_  
\_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write  
\_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write  
\_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write

Special Job Related Skills and Qualifications or Other Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Military History: \_\_\_\_\_  
Dates Release/type Current Status

Job Related Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have a friend or family member who is a RMTD employee? " gu" P q

If Yes, Employee name \_\_\_\_\_ Relationship \_\_\_\_\_

"  
"  
"

Have you ever worked for RO TD? If yes, dates and location \_\_\_\_\_

**DRIVING EXPERIENCE**

Class of Driver's License \_\_\_\_\_ (CDL required if hired)

How many years have you been driving? \_\_\_\_\_ Employer's vehicle \_\_\_\_\_ Passenger Car \_\_\_\_\_

Years driven commercially \_\_\_\_\_

Has any license you ever held been suspended? \_\_\_\_\_ Revoked? \_\_\_\_\_

If so, When \_\_\_\_\_ Why \_\_\_\_\_ Length of time \_\_\_\_\_ In what state \_\_\_\_\_

Do you have other driving experience? \_\_\_\_\_ If so, what type and size of vehicle \_\_\_\_\_

Length of time driven: Tractor/trailer \_\_\_\_\_ Bus \_\_\_\_\_ Other \_\_\_\_\_

In what states? \_\_\_\_\_

Do you have personal automobile insurance? " gu" P q

**ACCIDENT RECORD**

Number of accidents involved in as driver of private car \_\_\_\_\_

Number of accidents as operator of commercial vehicle \_\_\_\_\_

	Date	City/State	Description
Last Accident	_____	_____	_____
Next Previous	_____	_____	_____
Next Previous	_____	_____	_____

**TRAFFIC VIOLATIONS**

List all violations, other than parking, for which you were cited.

Date	Offense	Location	Date of Conviction	Fine
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**We will verify this information with State and Local sources. The information provided must match your Motor Vehicle Record.**

**References Other Than Previous Employers or Relatives:** (Be sure to include phone #'s)

Name	Occupation	Address	Phone No.
Name	Occupation	Address	Phone No.
Name	Occupation	Address	Phone No.

Do we have permission to contact the above employers and references? [ ] gu [ ] P q

In case of an emergency notify: \_\_\_\_\_  
 Name Relationship  
 \_\_\_\_\_  
 Address Phone

I understand that no employment offer is being made at this time. I certify the information on this application is true and correct without any significant omission of any kind whatsoever. I understand if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interview may be grounds for immediate discharge.

I authorize Rides Mass Transit District to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, and qualifications. I authorize any third party to release to Rides Mass Transit District any and all information and documentation it requests. This information may include, but is not limited to dates of employment, positions held, responsibilities, base compensation and bonus or commissions (if applicable), job performance, education, transcript, criminal history, etc. A copy of this authorization may be accepted as an original. In addition, I hereby waive my right to bring any cause action against these parties for defamation, invasion of privacy, or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Rides Mass Transit District. I further understand that no one at Rides Mass Transit District is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express written consent of the Executive Director. I also understand that if I am hired, my employment will be at will and may be terminated by myself or by Rides Mass Transit District at any time for any reason or for no reason, with or without prior notice.

Drivers have bona fide physical requirements in order to fulfill ADA regulations for public transportation service. Applicants with driving requirements must be able to maneuver and secure wheelchair passengers and assist other disabled passengers. Drivers must also be physically able to evacuate passengers in the event of an emergency.

Do you have any physical limitations that would prevent you from safely performing the above duties? [ ] gu [ ] P q

If Yes \_\_\_\_\_

A pre-employment drug screen is required of all employees. Safety sensitive employees are required to be part of an ongoing Random Drug and Alcohol Testing program.

- \*\* [ ] P [ ] Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer for DOT safety sensitive positions, but did not obtain employment during the past two years.
- \*\* [ ] P [ ] Have you been part of a DOT random testing program in the last 2 years?
- \*\* [ ] P [ ] Did you have a positive result, or refuse to test.
- \*\* [ ] P [ ] If you had a positive result or refused to test, have you successfully completed the return to duty process and have documentation.

\_\_\_\_\_  
 Signature Date



**Equal Opportunity Data: This information is furnished voluntarily by the individual and will be kept confidential. Refusal to provide information will not subject you to any adverse treatment.**

**Race/National Origin:**    **White**                    **African-American**                    **Hispanic**                    **Asian**    **\*\*\*\*\*American Indian**

"

**Gender:**                    **Male**                    **Female**



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