



APPLICATION FOR EMPLOYMENT

Name _____ Date _____
 Last First Middle

Address _____
 Street City State Zip Code

***(If you have lived at any other addresses in the last ten years, please attach the additional information.)

Telephone Number (____) _____ Email: _____

Position Applied For: _____
 (An application must be completed for each position applied for.)

Full-Time Part-Time Shift Work On Call Temporary

Date Available: _____ Location Preferred: _____

Referred By: _____

GENERAL INFORMATION

Are you legally eligible for employment in this country? Yes No
 (Proof of eligibility will be required upon employment.)

Are you at least 18 years old? Yes No

If you are applying for a Driver position, are you over age 21? Yes No

Do you have a valid driver's license? Yes No

Per the Americans with Disabilities Act (ADA), are you able to perform the tasks of the position you are applying for with or without an accommodation? Yes No

If you need accommodation, please indicate how you would perform the tasks and with what accommodation. _____

 (You may request a copy of the position description or job announcement.)

NOTE: Those applicants who receive a job offer will be required to undergo a comprehensive criminal background check and pre-employment drug test. Driver, Mechanic, and other driving-related positions will also require a motor vehicle records check.

Will you agree to consent to the requirements as described above? Yes No

10 YEAR EMPLOYMENT HISTORY

Beginning with your present or most recent job, provide the following information about your employment record for the **previous 10 years**. If additional space is needed, continue with the same format on a separate sheet of paper. Explain any gaps in employment in the "APPLICANTS NOTES ON EMPLOYMENT" section that follows. Please complete the information thoroughly. **Please do not substitute a resume for this section.**

1. Firm Name: _____ Phone: _____

Address: _____ City/State: _____ Zip Code: _____

Position Title: _____ Supervisor: _____

Employed From: _____ To: _____

Summary of Duties: _____

Reason for Leaving: _____

May We Contact? Yes No

2. Firm Name: _____ Phone: _____

Address: _____ City/State: _____ Zip Code: _____

Position Title: _____ Supervisor: _____

Employed From: _____ To: _____

Summary of Duties: _____

Reason for Leaving: _____

May We Contact? Yes No

3. Firm Name: _____ Phone: _____

Address: _____ City/State: _____ Zip Code: _____

Position Title: _____ Supervisor: _____

Employed From: _____ To: _____

Summary of Duties: _____

Reason for Leaving: _____

May We Contact? Yes No

10 YEAR EMPLOYMENT HISTORY (cont.)

4. Firm Name: _____ Phone: _____
Address: _____ City/State: _____ Zip Code: _____
Position Title: _____ Supervisor: _____
Employed From: _____ To: _____
Summary of Duties: _____

Reason for Leaving: _____
May We Contact? Yes No

5. Firm Name: _____ Phone: _____
Address: _____ City/State: _____ Zip Code: _____
Position Title: _____ Supervisor: _____
Employed From: _____ To: _____
Summary of Duties: _____

Reason for Leaving: _____
May We Contact? Yes No

6. Firm Name: _____ Phone: _____
Address: _____ City/State: _____ Zip Code: _____
Position Title: _____ Supervisor: _____
Employed From: _____ To: _____
Summary of Duties: _____

Reason for Leaving: _____
May We Contact? Yes No

APPLICANT'S NOTES ON EMPLOYMENT

Please explain any gaps in employment record: _____

SPECIAL QUALIFICATIONS AND SKILLS

List special skills and abilities which you acquired through employment or other experiences that relate to the position for which you are applying, such as typing and computer experience as well as licenses, craft cards, equipment operated, etc.: _____

EDUCATION

Circle the highest grade completed: 9 - 10 - 11 - 12 - 13 - 14 - 15 - 16 - 17 - 18 Other _____

Type of School	Name	City/State	Graduated Y/N	Major Subject	Degree Earned
High School					
College					
College					
Other					

ADDITIONAL INFORMATION

Driver, Mechanic or Maintenance applicants, please complete the following:

Driving Record

1. Do you possess more than one driver's license? Yes No
If yes, please explain _____

2. Have you ever had your license revoked, suspended, canceled or been disqualified from obtaining a commercial license? Yes No If yes, please explain _____

3. Have you ever been convicted of any traffic violations anywhere? (With exception of parking) Yes No If yes, please explain _____

4. Have you ever been employed as a commercial motor vehicle operator within the preceding 10 years? Yes No If yes, please explain _____

5. List all traffic arrests, convictions, bond forfeitures, citations, license suspensions and accidents in the past three (3) years: _____

PLEASE READ AND SIGN BELOW. THIS APPLICATION IS NOT COMPLETE WITHOUT YOUR SIGNATURE
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I certify that all information on this application is true and correct. I am aware that any misrepresentation or omission may preclude an employment offer, or may result in withdrawal of an employment offer or separation of employment. I further understand that this is an application for employment and that no employment contract is being offered. I also understand that employment with Paratransit Services is **at will**, and the employment relationship may be ended by either party, at any time, with or without notice.

I authorize Paratransit Services to investigate my work performance with my references and with my previous employers, (except as noted), and to investigate other such records, (e.g., motor operator records, criminal records, etc.), pertinent to the job for which I have applied. I hereby release from liability Paratransit Services and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand that any offer of employment will be contingent on taking and passing any physical examinations, including drug and alcohol screenings, and other tests/evaluation, etc. that may be required to certify my suitability for the work I have applied for and I release Paratransit Services and its representatives for any legitimate actions it takes relating to the results of such tests. I also understand that refusal to submit to the drug screening will constitute voluntary withdrawal of my application for employment.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, if they are warranted by the position, federal and/or state regulations or Paratransit Services Drug and Alcohol Policy. I further agree to hold Paratransit Services harmless for the consequences of such examinations, screenings, etc.

Paratransit Services is an Equal Opportunity Employer and considers all applicants, for all positions, without regard to race, color, gender, national origin, age, marital status, veteran status, disability or any other legally protected status.

Applicant Signature _____ Date _____