

SANILAC TRANSPORTATION EMPLOYMENT APPLICATION

This transportation agency is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, color, national origin, sex, age, marital status, height, weight, or non-job related medical condition or disability.

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED

Today's Date: _____

Date Available to Begin Work: _____

Month/Day/Year

Last Name	First Name	Middle Initial	Social Security No.		
Present Address		Apt. No.	City	State	Zip Code
Home Telephone Or Number You Can Be Reached At:()					

JOB POSITION

Which position are you applying for:

Vehicle Operator

Vehicle Mechanic

General Labor (cleaner, janitor)

General Office

Management

Other (specify) _____

Are you applying for:

- .. Full-time employment
- .. Part-time employment
- .. Temporary employment

Can you perform the functions of the job for which you are applying? ..Yes ..No

Employers must make accommodations for disabled job applicants and employees where the accommodations do not impose an undue hardship on the employer.

Under Michigan law, disabled employees and job applicants may request an accommodation for their disability by notifying their employer in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's rights under the Americans with Disabilities Act. Failure to properly notify the employer may preclude any claim charging that the employer failed to accommodate the disabled individual.

Would you be available to work any day of the week, on the weekends, and evenings?

Yes No

Have you previously been employed by this transportation system, or by a local unit of government in this county? Yes No

If Yes, please specify:

With whom were you employed_____

Job Title_____

Dates of that employment: from _____ to_____

Do you have any relatives currently employed with this transportation system?

Yes No

If Yes, please specify:

Name_____

Position_____

EDUCATION

HIGH SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
		YES NO	
VOCATIONAL SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
		YES NO	
COLLEGE	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
		YES NO	

Have you had training in or experience with the following areas? If so, briefly describe below.

- “ Defensive Driving
- “ Safety Programs
- “ Disabled Persons
- “ Senior Citizens
- “ Children Groups
- “ Dispatching Calls
- “ Vehicle Repair
- “ Computers
- “ Software Programs (List)
- “ Other (Specify)_____

Details of above:

WORK EXPERIENCE

List below your past two (2) employers, starting with your present or last job.

Name of Employer	Dates Employed		Address	Telephone No.
	From(mo/yr)	To(mo/yr)		
Job Title		Supervisor's Name and Title		
Work Performed				

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	From(mo/yr)	To(mo/yr)		
Job Title		Supervisor's Name and Title		
Work Performed				

ADDITIONAL QUALIFICATIONS

Briefly describe below job related skills and qualifications acquired from employment or other experience, which you believe will assist us in deciding if and where to employ your services.

DRIVING LICENSE AND RECORD

Do you have a valid Michigan Driver's License? "Yes "No

If Yes, state your license number_____

When does your driver's license expire_____

Do you have a valid Commercial Driver's License (CDL)? "Yes "No

Check all applicable boxes:

Group: "A "B "C

Endorsement: "P "X "T "N

Type: "C "O

How many moving violation points do you currently have against your driver's license?

Have you ever been convicted of a felony crime or a misdemeanor? "Yes "No

If Yes, provide the following information:

Date	Nature of Offense	City & State	Penalty/Fine

Do you currently have any restrictions on your driver's license regarding when and for what purpose you may drive a vehicle? "Yes "No

If Yes, explain_____

Has your driver's license ever been suspended or revoked? "Yes "No

SECTIONS TO BE COMPLETED FOR DRIVING POSITIONS ONLY

DRIVING EXPERIENCE

Have you operated any of the following types of vehicles?

	Dates: From – To	For Whom?
“Transit Bus	_____	_____
“Para-Transit Van	_____	_____
“School Bus	_____	_____
“Truck	_____	_____
“Wrecker	_____	_____
“Private Carrier Bus	_____	_____

SPECIALIZED DRIVING EXPERIENCE

Have you operated a vehicle used to transport disabled persons and/or senior citizens?

“Yes “No

If Yes, did you receive any specialized training for this work? “Yes “No

If Yes, briefly describe the training you received.

Do you have experience operating an hydraulic lift on a transit vehicle? “Yes “No

Have you received any passenger sensitivity training? “Yes “No

ACCIDENT HISTORY

How many vehicle accidents have you been involved in, regardless of severity? _____

How many as operators of: Commercial vehicles _____ Private vehicles _____

List ALL vehicle accidents you have been involved in during the last five (5) years, beginning with the most recent.

Date	City & State	Brief Description of Accident	Were You Cited?

TRAFFIC VIOLATIONS

List ALL traffic violations, other than parking, for which you have been cited during the last five (5) years, beginning with the most recent.

Date of Violation	Infraction/Offense	City & State	Date of Conviction	Disposition & Fine

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENTS

Information Accuracy

I confirm that all of the information furnished on this Employment Application is complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application, or during the pre-hire process, will be reason for (1) my not being offered employment; or (2) dismissal if employed at any time from the service of this transit agency.

Background Information

I authorize all previous employers and supervisors, to provide this agency's representatives, on a confidential basis, all requested information regarding me and my previous employment. I further authorize this agency to obtain civil, criminal, credit, or other records which may be required to evaluate my eligibility for employment. I also agree to release this agency and all previous employers and supervisors from any liabilities and damages that may result from furnishing information to this agency.

Drug/Alcohol Testing

I understand that an offer of employment is conditional upon the results of a drug and alcohol screening as required by law and/or defined by agency policy. I consent to that screening. I understand that a refusal to submit to a drug screening, positive drug test results, falsification of test results, or alteration of test forms will result in the disqualification of my application for employment or the termination of my employment.

Claims

I agree that any action or suit against this agency, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State, but not Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims, or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against this agency, in which the agency prevails, I will pay to the agency any and all costs incurred by the agency in defense of said claims or actions, including attorney fees.

Signature_____

Date_____

Print Name_____

5/2011