



**An Equal Opportunity Employer
Employment Application**

PLEASE PRINT

Date _____

Name _____
Last First Middle

Home phone _____ Cell phone _____

Social Security No. _____ - -

Present Address _____
No. Street City State Zip

Permanent Address (if different from present address)

_____ No. Street City State Zip

Employment Desired

Position Applying for: _____

Are you applying for:

Regular full-time work? Yes _____ No _____

Regular part-time work? Yes _____ No _____

Temporary work, e.g., summer or holiday work? _____

Are you available between the hours of 5:30 a.m. and 10:30 p.m.? _____

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available? _____

Are you available for work on weekends? _____

Will you be available to work overtime if necessary? _____

If hired, on what date can you start work? _____

PERSONAL INFORMATION

Have you ever applied to or worked for the Basin Transit before? _____

If yes, when? _____

Do you have any friends or relatives working for the Basin Transit? _____

If yes, state name and relationship _____

Why are you applying for work at the Basin Transit? _____

If hired, would you have a reliable means of transportation to and from work? Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____
(If under 18, hire is subject to verification that you are of minimum age.)

If hired, can you present evidence of your citizenship or proof of your legal right to live and work in this Country? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying? Yes _____ No _____

If no, describe the functions that cannot be performed. _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.

Are you able to perform all other duties of the job for which you are applying? Yes _____ No _____

If no, describe the functions that cannot be performed. _____

Note: Hire may be subject to passing a medical examination and a skill and agility test.

Are you currently employed? Yes _____ No _____

If so, may we contact your current employer? Yes _____ No _____

EDUCATION, TRAINING AND EXPERIENCE

School	Name and address	No. of years completed	Did you graduate?	Degree or Diploma
High School				
College/University				
Vocational/Business				
Health Care				

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign language(s)? Yes _____ No _____

If yes, which language(s)? _____

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes _____ No _____

Name of license/certification _____

Issuing State _____

Has your license/certification ever been revoked or suspended? Yes _____ No _____

If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

Do you have a VTT certification?

Yes _____ No _____

Do you have any physical condition that will keep you from lifting 40 to 60 lbs. occasionally?

Yes _____ No _____

Do you have a clean driving record for seven years with no moving violations or accidents?

Yes _____ No _____

Do you insure your personal vehicle for liability insurance as required by the CHP for a Commercial Driver's License? Yes _____ No _____

Employment History

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as a result of service in the military? Yes _____ No _____

If so, describe _____

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of years acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of years acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of years acquainted _____

Please read carefully, initial each paragraph and sign below:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am already employed, regardless of the time elapsed before discovery. _____

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which may arise out of my employment, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and there are no other agreements as to dispute resolution, either oral or written. _____

I understand that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. _____

Date _____

Applicant's Signature _____