

St. Joseph County Transportation Authority

Employment Application Form

PLEASE COMPLETE PAGES 1-6

Today's Date: ___/___/___

Name _____
Last First Middle

Present Address _____

How long _____ Telephone: _____ Cell: _____

Are you over the age of 18? Y N

Position applied for _____ Pay rate desired _____

Days / Hours available to work:

No Preference _____ Mon _____ Tue _____ Wed _____ Thurs. _____ Fri _____ Sat _____

How many hours can you work weekly? _____ Can you work nights? _____

When are you available for work? _____

<u>TYPE OF SCHOOL</u>	<u>NAME OF SCHOOL</u>	<u>LOCATION</u>	<u>DID YOU GRADUATE?</u>
-----------------------	-----------------------	-----------------	--------------------------

High School	_____	_____	_____
-------------	-------	-------	-------

College	_____	_____	_____
---------	-------	-------	-------

Bus. Sch. Or Trade	_____	_____	_____
--------------------	-------	-------	-------

Professional School	_____	_____	_____
---------------------	-------	-------	-------

HAVE YOU EVER BEEN ARRESTED FOR A TRAFFIC OFFENSE? Y N What Offense? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? Y N

If yes, explain number of convictions, nature of offense leading to conviction, how recently such offense was / were committed, sentence(s) imposed, and type(s) of rehabilitation. Please use attached sheet if needed.

Prior to consideration for employment, do you agree to a DOT drug screen and medical physical? Y N

Prior to consideration for employment, do you agree to allow the SJCTA to run a criminal background check? Y N

Date ___/___/___ Signature _____

St. Joseph County Transportation Authority

Employment Application Form

DO YOU HAVE A VALID DRIVER'S LICENSE? Y N State of Issue _____

Operator _____ Commercial (CDL) _____ Chauffeur _____ Exp. Date _____

DO YOU HOLD A PASSENGER INDORSEMENT? Y N

Do you have reliable transportation to and from work? Y N

Have you had any motor vehicle accidents during the past three years? Y N How many? _____

Have you had any moving violations during the past three years? Y N How many? _____

SKILLS & EXPERIENCE

Typing? Y N WPM _____

Personal Computer? Y N PC MAC

Word Processing? Y N What Programs? _____

Dispatch Experience? Y N Number of years _____

Professional Driving Experience? Y N Number of years? _____

Are you an active or a reserve member of the Armed Forces? Y N

References

Please list two references other than relatives or previous employers:

1. Name: _____ Position: _____

Company: _____ Phone#: _____

Address: _____

Email Address: _____

St. Joseph County Transportation Authority

Employment Application Form

References cont.

2. Name: _____ Position _____

Company: _____ Phone: _____

Address: _____

Email Address: _____

Work Experience

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Employment date from _____ to _____

Name of employer _____ Phone#: _____

Name of last supervisor _____ Job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employment date from _____ to _____

Name of employer _____ Phone#: _____

Name of last supervisor _____ Job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

St. Joseph County Transportation Authority

Employment Application Form

Work Experience cont.

Employment date from _____ to _____

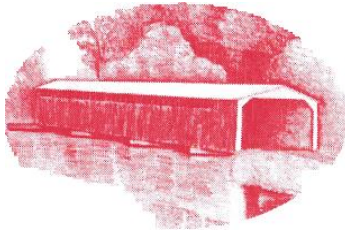
Name of employer _____ Phone#: _____

Name of last supervisor _____ Job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

An **application** form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.



"Your Bridge To A Destination"

ST. JOSEPH COUNTY TRANSPORTATION AUTHORITY

810 Webber Avenue,
Three Rivers, Michigan 49093
Phone: 269-273-7808 / Fax: 269-273-8615

**Criminal Records Check
Consent to Release Information**

Driver License State: _____ Driver's License Number: _____
(For Identification Purposes)

Date of Birth (M/D/Y) _____ Gender: _____ Race: _____

Please read this section carefully and acknowledge your understanding by signing your name in the spaces below.

Consent to Conduct Criminal Background Check

I give permission to SJCTA to conduct a criminal background check to investigate my criminal history and driving record. I understand that the scope of this investigation will be limited to a criminal history background report and driving record report.

I understand that the results from my criminal background check may result in my ineligibility to contract with a potential employer because of Medicaid regulations. Representative(s) of SJCTA administration will make this determination. In addition, I understand that any falsification or willful omission of fact made in connection with the criminal background check may be sufficient grounds for rejection of my eligibility to contract with SJCTA. This consent shall be in effect for one year from the date of signature.

Social Security Number: _____ / _____ / _____

Applicants Signature _____ Date _____