



Bay Area Transportation Authority
3233 Cass Road
Traverse City, MI 49684

APPLICATION FOR EMPLOYMENT

This application will be kept on file for six (6) month from the date of application.

We consider applicants for all positions without regard to race, color, religion, sex, condition or disability, or any other legally protected status.

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED

Date Available to Begin Work: _____
Month/Day/Year

Today's Date: _____
Month/Day/Year

PERSONAL

Last Name		First	Middle
Address (Number & Street)			Phone (Home)
City	State	Zip	Phone (Work)
Are you 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address	

POSITION

Position Applied For: (If available, attach your resumé to this form)

Bus Operator Bus Mechanic General Labor (cleaner, janitor) General Office Management

Other (specify) _____

Are you applying for: Full-time work Part-time work Temporary work

Can you perform all of the functions of the job, with or without an accommodation, for which you have applied? Yes No

Would you be available to work any day of the week on the weekend 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: Name	Position
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Are you currently on a "layoff" status and subject to recall? Yes No

Hourly rate or salary expected _____

WORK EXPERIENCE

List below your past four employers, starting with your present or last job.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

WORK EXPERIENCE (continued)

Employer		Dates Employed From _____ To _____		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting _____ Final _____		
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed From _____ To _____		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting _____ Final _____		
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed From _____ To _____		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting _____ Final _____		
Job Title	Supervisor			
Reason for Leaving				

EDUCATION

High School	City/State	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational School	City/State	Major or Degree
College	City/State	Degree & Major Field
Graduate School	City/State	Degree & Major Field
Specialized Training	City/State	Fields

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

CPR First Aid Defensive Driving Safety Physical Limitations Elderly Children Groups

Vehicle Repair Management Computers Other (specify) _____

Details of above:

Are you engaged in or planning any further education, training or study? Yes No

If Yes, briefly explain

EQUIPMENT/MAINTENANCE SKILLED LABOR POSITIONS ONLY

Please check those skills which you could use immediately in a job.

MECHANIC

Brake Re-line Engine Tune-up Lube, Oil Changes Electronics Systems Engine Repair & Overhaul - Gas
 Engine Repair & Overhaul - Diesel Automotive Electrical Systems Other (specify) _____

PAINTER

Metal Finish Painting Paint Spray Gun Lettering Other (specify) _____

BODY REPAIR

Frame Straightening Welding & Torch Usage, Specify type used (ARC, MIG, TIG, plasma) _____

AIR CONDITIONING AND HEATING

Compressors Installation Repairs R-12 R-134A certified Other (specify) _____

EQUIPMENT/MAINTENANCE SKILLED LABOR POSITIONS ONLY (continued)

BUILDING AND GROUNDS EQUIPMENT

- Back Hoe Fork Lift Hi/Lo Machine Floor Scrubber Pneumatic Air Hammer Hydraulic Sign Post Puller
 Pneumatics & Hydraulics Electrical Boiler Maintenance

FOR MANAGEMENT & GENERAL OFFICE POSITIONS ONLY (PLEASE CHECK)

- Typing _____ wpm Memory Typewriter Speedwriting _____ wpm Cash Register Bookkeeping
 Payroll Word Processing Shorthand _____ wpm Calculator Accounting Inventory
 Computers specify applications used _____
 Other, specify _____

DRIVING POSITIONS ONLY

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

License Number	Expiration Date (Month/Day/Year)
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Do you have a valid Commercial Driver's License (COL)? Yes No

Circle those applicable: **Group** - A, B, C **Endorsement** - P, X, T, N **Type** - C, 0

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

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

If yes, explain

Has your driver's license ever been revoked or suspended?
Or has it been restricted regarding when and for what purpose you could drive? Yes No

If yes, explain

DRIVING EXPERIENCE

Have you operated any of the following types of vehicles	Dates: from - to	For whom?
<input type="checkbox"/> Transit Bus		
<input type="checkbox"/> Para Transit Van		
<input type="checkbox"/> School Bus		
<input type="checkbox"/> Wrecker		
<input type="checkbox"/> Truck		
<input type="checkbox"/> Private Carrier Bus		
<input type="checkbox"/> Tractor-Trailer		

SPECIAL QUALIFICATIONS

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

GENERAL INFORMATION

Approximately how many times have you been absent (other than vacations, holidays, extended medical leaves, etc.) or late for work during the past two years?

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 presently have a felony or misdemeanor charges pending against you? Yes No

If yes, explain

Have you served in the U.S. Armed Forces? Yes No Dates of Service: From _____ To _____

Branch of Service	Rank at time of enlistment	Rank at time of discharge	Type of discharge

Are you currently a member of the U.S. military reserve or National Guard? Yes No Which branch of service?

SPECIALIZED DRIVING EXPERIENCE

Have you ever operated a Vehicle used to transport persons with physical limitations 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 a hydraulic lift on a transit vehicle? Yes No

Have you received any passenger sensitivity training? Yes No

ACCIDENT HISTORY

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

How many as an operator of: Commercial Vehicles _____ Private Cars _____

List ALL accidents you have been involved in within the past 5 years, beginning with the most recent first.

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 past five (5) years, beginning with the most recent first.

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



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EQUAL OPPORTUNITY INFORMATION

Qualified Applicants are considered for employment , and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, or physical limitations.

To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, we ask that you answer the questions below. Completion of this information is optional. This information will be kept in a Confidential File separate from the job application.

Name (print) _____

Social Security No _____ Date _____

Please check the appropriate response:

Gender:

- Male
- Female

Race/Ethnic Background:

- Black
- White
- Hispanic
- Native American/Alaskan Native
- Asian/Pacific Islander

Physically Limited:

- Yes
- No

Veteran Status:

- Yes
- No

PERSONAL REFERENCES

List below the names of three persons whom you have known for at least one year. Do NOT include relatives.

Full Name	Address	City	State
Area Code - Telephone	Employed By	Occupation	
Full Name	Address	City	State
Area Code - Telephone	Employed By	Occupation	
Full Name	Address	City	State
Area Code - Telephone	Employed By	Occupation	

Please Sign and Date the Following Statement

I certify the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment, as may be necessary, in arriving at an employment decision.

If offered employment, I consent to take a complete medical examination, and such future medical examinations as may be required, including, but not limited to drug testing.

If hired, in consideration of my employment, I agree to abide by the rules and policies of the employer. I further agree that my employment and all compensation can be terminated with or without cause, and with or without prior notice, at any time at the option of either the employer or myself. I understand that no agent or representative of the employer has any authority to make any agreement contrary to the foregoing, except by a written employment contract signed by the Bay Area Transportation Authority.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

Signature of Applicant _____ Date _____



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CONSENT FOR DRUG SCREENING

It is understood that as part of the employment evaluation process, I will be required to take a drug test to screen for controlled substances. I hereby consent for the company to collect urine specimens from me, and to conduct other necessary medical tests to determine the presence or use of controlled drugs. Further, I give my consent for the release of the test results and other relevant medical information to authorized company management for appropriate review. It is understood that the results may be considered in any employment decision. If the test is positive or if I refuse to take the test, I understand and agree that any employment offer that has been extended to me may be revoked; or if employed, I may be discharged.

Dated _____

Full Name-Please Print _____

Witness _____

Signature _____



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AUTHORIZATION

YOU ARE REQUESTED TO COMPLETE THE FOLLOWING STATEMENT

I _____ hereby authorize the release of any and all employment, education, civil, criminal or other records, which may be required to evaluate my eligibility for employment, to officials of the Bay Area Transportation Authority.
First *Middle* *Last*

Signed _____ Date _____

Date of Birth _____

Social Security Number _____

Address _____

Driver's License No. _____