

EOE Statement

We are an Equal Opportunity Employer. We will consider applicants for this position without regard to any category protected by applicable federal, state or local law, including but not limited to: race, color, religion, sex, national origin, age, physical or mental disability, genetic information, veteran status or uniformed servicemember status.

If hired, I understand my employment is at-will as permitted under applicable state law. I understand this means that either the company or I may terminate the employment relationship at any time, for any reason, with or without notice or cause.

Personal Information

Candidate:		Date Created:	
		Date of Application:	
Position:		Application Method:	
Location:		Referral Source:	
Main Phone:		Alternate Phone:	
Address:			
Email Address:			

Education

Institution:		Institution Type:	
Location:		Start Date:	
Degree:			
Major:			
Notes:			

Employment History - Prior 10 Years

Please indicate your experience with each of the following classes of equipment:

Class of Equipment	Type of Equipment Used	Dates Used	Approx. # Miles Driven (Total)
How many employers have you had in the previous 10 years?			
Employer:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	<i>From:</i>	<i>To:</i>	
Supervisor:		May we contact?	
Were you subject to Federal Motor Carrier Safety Administration Regulations (FMCSAR) while employed (i.e., Driving a vehicle over 10,001 lbs with a Driver Qualification File and a Medical card)?			
Did you perform any other US DOT or FMCSAR safety sensitive functions subject to drug and alcohol testing while employed (e.g., Driving a CDL vehicle 26,001 lbs & above)?			

Employment History - Prior 10 Years continued...

Were you subject to DOT drug testing?			
Employer:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	From:	To:	
Supervisor:		May we contact?	
Were you subject to Federal Motor Carrier Safety Administration Regulations (FMCSAR) while employed (i.e., Driving a vehicle over 10,001 lbs with a Driver Qualification File and a Medical card)?			
Did you perform any other US DOT or FMCSAR safety sensitive functions subject to drug and alcohol testing while employed (e.g., Driving a CDL vehicle 26,001 lbs & above)?			
Were you subject to DOT drug testing?			
Employer:			
Job Title:			
Duties:			
Reason for Leaving:			
Dates of Employment:	From:	To:	
Supervisor:		May we contact?	
Were you subject to Federal Motor Carrier Safety Administration Regulations (FMCSAR) while employed (i.e., Driving a vehicle over 10,001 lbs with a Driver Qualification File and a Medical card)?			
Did you perform any other US DOT or FMCSAR safety sensitive functions subject to drug and alcohol testing while employed (e.g., Driving a CDL vehicle 26,001 lbs & above)?			
Were you subject to DOT drug testing?			

US Military Experience

Branch of Service:			
Rank at Discharge:		Years in Service:	
Highest Rank Attained:		Are you currently in the reserves?	
Additional Information:			

Skills Experience

Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			
Skill:			
Last Used:		Skill Level:	Years of Experience:

Skills Experience continued...

Skill Summary:			
Skill:			
Last Used:		Skill Level:	Years of Experience:
Skill Summary:			

Licenses and Certifications			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			

Work Schedule	
Day	Hours Available for Work

Drivers License Information			
Name:		Driver's License #:	
Expiration Date:		State Issued:	
License Type:		Class:	
Endorsements:			

Drivers License - Accidents			
Please indicate the number of motor vehicle accidents for which you have been cited for a moving violation in the past three years?			0
Date of Accident:		Location:	
Description:			

Drivers License - Citations			
Please indicate the number of motor vehicle Citations for which you have been cited for a moving violation in the past three years?			0
Date of Citation:		Location:	
Nature of Citation:			
Fine or Penalty:			

Drivers License - Suspensions				
Please indicate the number of times in the last three years that your drivers license has been suspended or revoked?				0
Date of Suspension:	<i>From:</i>	<i>To:</i>	Location:	
Reason for Suspension:				

Previous Names	
Name:	
Name:	
Name:	

Previous Addresses			
Address:		<i>From:</i>	<i>To:</i>
Address:		<i>From:</i>	<i>To:</i>
Address:		<i>From:</i>	<i>To:</i>

Criminal History			
Have you been convicted of a crime?			
Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	
Explanation:			
Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	
Explanation:			
Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	

Criminal History continued...

Explanation:

References			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

Additional Information

Please read carefully before signing
<p>We are an Equal Opportunity Employer. We will consider applicants for this position without regard to any category protected by applicable federal, state or local law, including but not limited to: race, color, religion, sex, national origin, age, physical or mental disability, genetic information, veteran status or uniformed service member status.</p> <p>I certify that the facts set forth in this employment application and attached application materials including but not limited to my resume, are complete, true and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for this position or if hired, disciplinary action up to and including discharge.</p> <p>I understand that as part of the hiring process and where permitted by federal, state, and/or local law the company may wish to obtain "consumer reports" as part of a background investigation. If applicable and permitted by law, I understand the company will provide me with separate written notification of this intent and I agree to complete any requisite authorization forms.</p>

continued...

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. IF HIRED, I UNDERSTAND THIS MEANS THAT EITHER THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE OR CAUSE. FURTHER, NO EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT, EXPRESS OR IMPLIED, WITH ME OR ANY OTHER APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

I authorize the company to confirm all statements in this application and/or on my resume as it relates to the position and to the extent permitted by applicable law. I hereby release the company and its authorized representatives to verify all information provided by me. I authorize any party contacted by this employer including persons, schools, organization or former employers to disclose such information from any liability, claims, charges or causes of action which may result of the delivery or disclosure of requested information.

I have read all of the information contained in this candidate profile.

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.

Print Name:

eSignature:

Date: **05/09/2018**

Please read carefully before signing

I have reviewed all the information listed on this application. By signing below I acknowledge the following: (Select One)

Yes I have made changes or modifications to this application. These changes or modifications were made on page(s): _____

No I have not made changes or modifications to this application.

Print Name:

Signature:

Date:

Please read carefully before signing

I certify that the facts set forth in the employment application and accompanying application materials 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.

Print Name:

Signature:

Date:

Please read carefully before signing

This is to inform you that as a part of our procedure for processing your employment application, we may obtain a consumer report and/or an investigative consumer report which includes information as to your character, general reputation, personal characteristics and mode of living.

If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By agreeing below, you acknowledge receipt of a copy of the foregoing notice.

A Summary of Your Rights Under the Fair Credit Reporting Act can be viewed at: [FCRA Summary of Rights.pdf](#)

continued...

For New York applicants only, click link to view a copy of Article 23-A of New York Correction Law

Print Name:

Signature:

Date: