



EMPLOYMENT APPLICATION

Please print legibly. Answer all questions. If a question is not applicable, indicate by using N/A in the appropriate space.

Position Applied For

NAME _____ SOCIAL SECURITY NO. _____

HOME ADDRESS _____
Street City State Zip

TELEPHONE NUMBER _____

Driver's License Information _____
If applying for a driving position Number Type Class Endorsements State

If applying for a *driving job*, are you over the age of 21? _____ Yes _____ NO

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The Fairmont Marion County Transit Authority does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

AT-WILL EMPLOYMENT

I understand that Fairmont Marion County Transit Authority is an "AT-WILL" employer, meaning that my employment with FMCTA is "At-Will" and therefore my employment can be terminated at any time by FMCTA, without cause.

DRUG AND ALCOHOL TESTING

Anyone who is applying for a safety-sensitive position is subject to drug and alcohol testing under Department of Transportation, Federal Transit Administration requirements set forth in 49 CFR Part 655. All other applicants may be subject to drug and alcohol testing under authority of Fairmont Marion County Transit Authority. A negative test result is a condition of employment. Your application will be considered incomplete if this notice is not signed and dated.

Signed

Date

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: D.O.T. REQUIRES THAT EMPLOYMENT FOR THE **PAST 3 YEARS** BE SHOWN FOR VERIFICATION. *When applying for a **new driving job**, commercial drivers must provide an employment history of **at least ten (10) years**.*

The information provided may be used and your previous employers may be contacted for the purpose of investigating your work history.

Begin with your present or most recent job and work backward in order, include all full- and part-time employment. **All time must be accounted for (do not leave any gaps in history)**, including military service, "self-employment" and periods of unemployment. Use additional sheet, if needed.

CURRENT EMPLOYER: NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE (____) _____

Street

City

State

Zip

POSITION HELD _____ FROM _____ TO _____

Month/Year

Month/Year

REASON YOU WANT TO LEAVE _____

SECOND LAST EMPLOYER: NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE (____) _____

Street

City

State

Zip

POSITION HELD _____ FROM _____ TO _____

Month/Year

Month/Year

REASON FOR LEAVING _____

THIRD LAST EMPLOYER: NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE (____) _____

Street

City

State

Zip

POSITION HELD _____ FROM _____ TO _____

Month/Year

Month/Year

REASON FOR LEAVING _____

FOURTH LAST EMPLOYER: NAME _____ SUPERVISOR _____

ADDRESS _____ TELEPHONE (____) _____

Street

City

State

Zip

POSITION HELD _____ FROM _____ TO _____

Month/Year

Month/Year

REASON FOR LEAVING _____

REFERENCES

NAME _____ PHONE (____) _____

ADDRESS _____

NAME _____ PHONE (____) _____

ADDRESS _____

NAME _____ PHONE (____) _____

ADDRESS _____

ACCIDENT AND CLAIM RECORD

(ONLY IF APPLYING FOR A DRIVING JOB)

List ALL involvements – PREVENTABLE AND NON-PREVENTABLE – with either truck or car during past 5 YEARS. (If none, write none)
Use supplementary sheet if necessary.

| DATE | TYPE VEHICLE | NATURE OF ACCIDENT (Head-on, rear-end, jackknife, etc.) | Indicate Preventable or Non-Preventable | Fatalities | Injuries | Amount of Property Damage |
|------|--------------|--|--|------------|----------|------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS

Truck and Car (other than parking violations). If none, write none.
Use supplementary sheet if necessary.

| DATE | LOCATION (STATE) | CHARGE | PENALTY |
|------|------------------|--------|---------|
| | | | |
| | | | |
| | | | |

LIST DRIVER LICENSES HELD AT PRESENT AND LAST 5 YEARS

| STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|---------------|----------------|------|-----------------|
| PRESENT STATE | | | |
| | | | |
| | | | |
| | | | |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

IF THE ANSWER TO A, B OR C IS YES, GIVE DETAILS HERE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ Yes ☐ No IF YES, WHAT TYPE FELONY? _____

HAVE YOU EVER WORKED FOR THIS COMPANY UNDER ANOTHER NAME? _____

REMARKS: _____

DRIVING EXPERIENCE**(ONLY IF APPLYING FOR A DRIVING JOB)**

| CLASS OF EQUIPMENT | TYPE OF TRAILER (Van, Reefer, Tank, Flatbed, etc.) | DATES | | APPROXIMATE NO. OF MILES (Total) DRIVEN |
|-----------------------------------|---|-------|----|--|
| | | From | To | |
| BUS | | | | |
| STRAIGHT TRUCK | | | | |
| DIESEL, TRACTOR & SEMI-TRAILER | | | | |
| TRACTOR & TWO TRAILERS | | | | |
| OTHER | | | | |

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

SHOW ANY BUS, TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU WORK FOR THIS COMPANY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

WHERE DID YOU ATTEND HIGH SCHOOL? _____

City and State _____

LIST ANY OTHER TRAINING OR SCHOOLS (Such as correspondence, driving, safety, etc.) _____

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH _____ DATES: FROM _____ TO _____

RANK AT DISCHARGE _____ DATE OF DISCHARGE _____

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty and shall be grounds for dismissal.

It is agreed and understood that the company or its agents may investigate the applicant's background concerning character, education, employment, general reputation and mode of living through personal interviews with friends, neighbors, and associates to ascertain any and all information of concern to applicant's record, whether same is of record or not and applicant releases companies and persons named herein from all liability for any damages on account of his furnishing such information. Should such a report be made, you have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. I authorize Fairmont Marion County Transit Authority to make all needed inquiries and will not hold Fairmont Marion County Transit Authority liable in any way for information so gained, except as noted above.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his qualification file.

It is agreed and understood that this application in no way obligates Fairmont Marion County Transit Authority to contract with the applicant.

It is agreed and understood that if accepted, the applicant may be on a probationary period during which time he may be terminated without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signed Date