

# Mecosta Osceola Transit Authority

## EMPLOYMENT APPLICATION

*The Mecosta Osceola Transit Authority is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, color, national origin, sex, age, marital status, height, weight, or non-job related medical condition or disability.*

### PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED

Today's Date: \_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_  
Month/Day/Year

Last Name	First Name	Middle Initial	Email address		
Present Address		Apt. No.	City	State	Zip Code
Telephone including Area Code:					
Driver's License Number					

### JOB POSITION

Which position are you applying for?

- Vehicle Operator
- Vehicle Mechanic
- General Labor (cleaner, janitor)
- General Office
- Management

Other (specify) \_\_\_\_\_

Are you applying for?

- Full-time employment
- Part-time employment
- Temporary employment

Can you perform the functions of the job for which you are applying?  Yes  No

*Employers must make accommodations for disabled job applicants and employees where the accommodations do not impose an undue hardship on the employer.*

*Under Michigan law, disabled employees and job applicants may request an accommodation for their disability by notifying their employer in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's rights under the Americans with Disabilities Act. Failure to properly notify the employer may preclude any claim charging that the employer failed to accommodate the disabled individual.*

Would you be available to work any day of the week, on the weekends, 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, please specify:

Name \_\_\_\_\_

Position \_\_\_\_\_

## EDUCATION

HIGH SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

- Defensive Driving
- Safety Programs
- Disabled Persons
- Senior Citizens
- Children Groups
- Dispatching Calls
- Vehicle Repair
- Computers
- Software Programs (List)
- Other (Specify) \_\_\_\_\_

Details of above:

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## WORK EXPERIENCE

List all employers for the past five (5) years, starting with your present or last job.  
Explain any periods of unemployment.

Name of Employer	Dates Employed		Address	Telephone No.
	From(mo/yr)	To(mo/yr)		
Job Title			Supervisor's Name and Title	
Work Performed				

If currently employed, may we contact your employer?  Yes  No

Name of Employer	Dates Employed		Address	Telephone No.
	From(mo/yr)	To(mo/yr)		
Job Title			Supervisor's Name and Title	
Work Performed				

Name of Employer	Dates Employed		Address	Telephone No.
	From(mo/yr)	To(mo/yr)		
Job Title			Supervisor's Name and Title	
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Work Performed				

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	From(mo/yr)	To(mo/yr)		
Job Title		Supervisor's Name and Title		
Work Performed				

**ADDITIONAL QUALIFICATIONS**

Briefly describe below job related skills and qualifications acquired from employment or other experience which you believe will assist us in our employment decision.

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**DRIVING LICENSE AND RECORD**

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

If Yes, state your license number \_\_\_\_\_

When does your driver's license expire \_\_\_\_\_

Do you have a valid Commercial Driver's License (CDL)?  Yes  No

Check all applicable boxes:

CDL Group:  A  B  C

CDL Endorsement:  P  X  T  N  S

Air Brake Restriction:  Yes  No

License Type:  Chauffeur  Operator

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

\_\_\_\_\_

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

*A conviction will not necessarily disqualify an applicant*

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

If Yes, explain \_\_\_\_\_

\_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No

**SECTIONS TO BE COMPLETED FOR ALL DRIVING POSITIONS**

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"/> Paratransit Bus	_____	_____
<input type="checkbox"/> School Bus	_____	_____
<input type="checkbox"/> Truck	_____	_____
<input type="checkbox"/> Wrecker	_____	_____
<input type="checkbox"/> Private Carrier Bus	_____	_____

SPECIALIZED DRIVING EXPERIENCE

Have you operated a vehicle used to transport disabled persons 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.

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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 vehicle accidents have you been involved in, regardless of severity? \_\_\_\_\_

How many as operators of: Commercial vehicles \_\_\_\_\_ Private vehicles \_\_\_\_\_

List <u>ALL</u> vehicle accidents you have been involved in during the last five (5) years, beginning with the most recent.			
Date	City & State	Brief Description of Accident	Were You Cited?

**TRAFFIC VIOLATIONS**

List <u>ALL</u> traffic violations, other than parking, for which you have been cited during the last five (5) years, beginning with the most recent.				
Date of Violation	Infraction/Offense	City & State	Date of Conviction	Disposition & Fine



**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENTS**

I confirm that all of the information furnished on this Employment Application is complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application, or during the pre-hire process, will be reason for the disqualification of my application for employment or the termination of my employment.

(please initial) \_\_\_\_\_

I authorize all previous employers and supervisors, to provide the Mecosta Osceola Transit Authority's representatives, on a confidential basis, all requested information regarding me and my previous employment. I further authorize the Mecosta Osceola Transit Authority to obtain civil, criminal, credit, or other records which may be required to evaluate my eligibility for employment. I also agree to release the Mecosta Osceola Transit Authority and all previous employers and supervisors from any liabilities and damages that may result from furnishing information to the Mecosta Osceola Transit Authority.

(please initial) \_\_\_\_\_

I understand that an offer of employment is conditional upon the results of a drug and alcohol screening as required by law and/or defined by Mecosta Osceola Transit Authority policy. I consent to that screening. I understand that a refusal to submit to a drug screening, positive drug test results, falsification of test results, or alteration of test forms will result in the disqualification of my application for employment or the termination of my employment.

(please initial) \_\_\_\_\_

I understand that neither this application nor an offer of employment by the Mecosta Osceola Transit Authority constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by the Mecosta Osceola Transit Authority. I also consent to an investigation of my driving record.

(please initial) \_\_\_\_\_

I agree that any action or suit against the Mecosta Osceola Transit Authority, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State, but not Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims, or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Mecosta Osceola Transit Authority, in which the Mecosta Osceola Transit Authority prevails, I will pay to the Mecosta Osceola Transit Authority any and all costs incurred by the Mecosta Osceola Transit Authority in defense of said claims or actions, including attorney fees.

(please initial) \_\_\_\_\_

I understand that this application for employment is valid for no more than sixty (60) days. After that, I must resubmit an application in order to be considered for employment with the Mecosta Osceola Transit Authority.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

5/02/2018