



APPLICATION FOR EMPLOYMENT

Thank you for your interest in working for SM Transit. Please fully complete this application. We will use the information provided to assist us in evaluating your qualifications for possible employment.

SM Transit's policy is to fill every position without regard to race, color, religion, creed, sex, marital status, age, national origin, ancestry, disability, medical condition or any other consideration made unlawful by federal, state, or local laws. **SM Transit is an equal opportunity employer** and selects employees on the basis of their qualifications. Please contact the Human Resources Department of SM Transit if you have any questions regarding this policy. Should an applicant need reasonable accommodation in the application process, he or she should contact the Human Resources Department.

NAME _____ **DATE** _____
Last First Middle

POSITION APPLYING FOR _____

LOCATION _____

Please type or print legibly. Answer all questions specifically and completely. Give exact dates.

APPLICANT INFORMATION	Applicant Name: _____		
	Last Name	First Name	Middle
	Street Address: _____		Apartment/Unit # _____
	City: _____	State: _____	Zip Code: _____
	Home Phone: _____		Cell Phone: _____
	Email: _____		
	Date of Application: _____		

EMPLOYMENT POSITION	Position(s) applying for: _____
	How did you hear about this position? _____
	On what date can you start working if you are hired? _____
	Do you have reliable transportation to and from work? _____

PERSONAL INFORMATION	Have you ever worked for SM Transit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, when? _____
	Do you have any friends, relatives, or acquaintances working for SM Transit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, state name and relationship: _____
	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What documentation can you provide as proof of citizenship or legal status? _____
	Will you consent to a mandatory controlled substance test? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any condition which would require job accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe accommodations required: _____
	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: _____

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

EMPLOYMENT INFORMATION	Please describe any skills you have in the following areas:	
	Typing (WPM) _____ 10-key adding machine _____	
	Software Experience (Excel, Word, Etc.) _____	
	Technical Skills:	Mechanical Skills
	CDL INFORMATION	
	Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/>	
	Air Brakes <input type="checkbox"/> Passenger Endorsement <input type="checkbox"/> Other _____	
	Expiration Date: _____ No. Years of Driving: _____ Medical Card <input type="checkbox"/>	
	Please attach a current (past 10 days) copy of your DMV driving record – H6 <input type="checkbox"/> I agree	
	Please list below the skills and qualifications you possess for the position for which you are applying:	

SM Transit complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

		Name, City & State	Graduated	Degree	Major
EDUCATION	High School or GED		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Trade/Business		<input type="checkbox"/> Yes <input type="checkbox"/> No		

MILITARY	Are you a member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What branch of the military did you enlist? _____
	What was your military rank when discharged? _____
	How many years did you serve in the military? _____

List employment information for the past 7 years. (Use additional page if necessary)

EMPLOYMENT HISTORY INFORMATION

Previous Employment

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____

Name

Title

Reason for Leaving: _____

Previous Employment

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____

Name

Title

Reason for Leaving: _____

Previous Employment

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____

Name

Title

Reason for Leaving: _____

Previous Employment

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____

Name	Title

Reason for Leaving: _____

Previous Employment

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____

Name	Title

Reason for Leaving: _____

Previous Employment

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____

Name	Title

Reason for Leaving: _____

PERSONAL REFERENCES

Provide the names of three persons, not related to you, whom you have known for at least one year.

Name: _____

Phone Number: _____

Number of years acquainted: _____

Relationship: _____

Name: _____

Phone Number: _____

Number of years acquainted: _____

Relationship: _____

Name: _____

Phone Number: _____

Number of years acquainted: _____

Relationship: _____

Notice: New employees are required to produce verification of their legal right to work in the United States. If you are offered employment, you will be required to produce sufficient documentation of your identity and right to work in the United States and to attest under penalty of perjury that the documents you have produced are genuine and relate to you.

I authorize investigation of all statements contained in this application. I understand that falsification; misrepresentation or omission of facts called for will result in immediate dismissal or removal of my application for consideration. I authorize SM Transit to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising therefrom.

If I am employed by SM Transit I agree to conform to the rules and regulations of SM Transit. I also understand and agree that except for the arbitration of termination disputes and employment at-will status, my wages, hours and working conditions are subject to change by SM Transit. I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of SM Transit or myself.

I and SM Transit agree that this arbitration shall be the exclusive means of resolving and dispute arising out of my termination and that no other action will be brought by me in any court or other forum. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE THE DISPUTE.

No offer of employment at SM Transit is final until a prospective employee has passed the Company's medical examination and background check. Medical examinations include laboratory testing of urine sample from a prospective employee to determine the presence of certain drugs and/or alcohol in the body.

PLEASE NOTE: You should not rely upon a contingent offer of employment from SM Transit or any of its employees or otherwise engage in any activity based upon a contingent offer of employment. Unless or until a final offer of employment is made, you should not take any action, which could result in financial loss if a contingent offer withdrawn, such as giving notice of intent to terminate current employment, selling real estate or incurring any other costs associated with accepting employment with SM Transit. No such activity should be undertaken until and after medical clearance has been resolved and you have received a final offer of employment from SM Transit. Under no circumstances should prospective employees report to work before medical clearance and background check is received.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this application is true and correct.

My signature below also certifies that I agree to the employment at-will relationship and agree to be bound by the terms and conditions of employment stated in this application, including arbitration of termination disputes if I am employed by SM Transit. This application contains all the understandings and agreements between me and SM Transit concerning the nature of my prospective employment, if any, by SM Transit and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and SM Transit. I understand and agree that no person who is either an agent or employee of SM Transit may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

NOTICE: THIS APPLICATION CONTAINS A WAIVER OF YOUR RIGHT TO A TRIAL BY COURT OR JURY IN EMPLOYMENT TERMINATION DISPUTES.

Applicant Signature: _____ Dated: _____

PLEASE NOTE: SM Transit considers applications for only 6 months. If you wish to be considered after 6 months from the date of your application, please re-apply.



SM Transit is an equal opportunity employer in all personnel practices, and candidates for employment are considered for positions without regard to race, color, religion, disability, sex, sexual orientation, national origin, or age.

Providing information on this form is voluntary. No action will be taken if you do not complete the form. This form will not be a factor in determining employment, conditions of employment, or continuing employment. This form will not be made a part of your application. The information provided will be used to comply with federal and state reporting obligations.

Name (please print): _____ Location: _____

Position Applied For: _____ Date: _____

Please check a box to indicate your gender and ethnic background.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino
- Two or More Races

- Male
- Female

VETS-100 Reporting (see attached definitions)

- Special Disabled Veteran
- Vietnam Era Veteran
- Other Protected Veteran

Referral Source

- Employee Referral _____
- Government Agency _____
- Advertisement Source _____
- Walk in
- Other _____

Definitions

Special Disabled Veteran: means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran's Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Veteran of the Vietnam-era: means a person who; (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed; (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) between August 5, 1964, and May 7, 1975, in any other location.

Newly Separated Veterans: means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

Other Protected Veterans: means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.