



**SWEETWATER COUNTY TRANSIT AUTHORITY (STAR TRANSIT)**

1471 Dewar Drive Suite 247  
Rock Springs, WY 82901

Telephone (307) 382-7827 or (307) 875-7827

Fax (307) 352-6896

email: admin@ridestartransit.com

**APPLICATION FOR EMPLOYMENT**

APPLICANT TO COMPLETE **ALL** INFORMATION REQUESTED

**PLEASE PRINT LEGIBLY**

**In compliance with Federal and State equal opportunity laws,**

Date: \_\_\_\_\_

**Qualified applications are considered for all positions without regard to**

E-mail address \_\_\_\_\_

**Race, color, religion, sex, national origin, age, marital status, veteran status,  
non-job related disability or any other protected group status.**

NAME \_\_\_\_\_

First Middle Last

Present Address \_\_\_\_\_

No. Street City Zip Phone Number

Previous Address \_\_\_\_\_

No. Street City ZIP

Do you have a legal right to be in the United States? \_\_\_\_\_ Yes (Proof required upon hire) \_\_\_\_\_ No

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you bondable (bondable positions only) \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you failed or refused a drug or alcohol DOT test in the last two years? \_\_\_\_\_ Yes \_\_\_\_\_ No

**HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE (MISDEMEANOR/FELONY) IN A COURT OF LAW?** \_\_\_\_YES \_\_\_\_NO

If yes, give dates, details and penalties for each occurrence below. If more room is needed, please attach an additional sheet of paper.

DO NOT include any minor traffic violations.

An answer of "yes" to this question does not constitute an automatic bar from employment with this company.

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Have you ever worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_.

Rate of pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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### **GENERAL INFORMATION**

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Position applying for: \_\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

List Driver License Endorsements: \_\_\_\_\_

*If you are applying for a driver position, you must have a current Class C Commercial Driver's License with a Passenger endorsement and a current DOT medical examination card. A current Class A or Class B Commercial Driver License will also be accepted, as long as there is also a Passenger endorsement and a current DOT medical examination card.*

*For any positions that **may** require driving, a copy of your 5 year driver history must be provided to STAR.*

### **EDUCATIONAL BACKGROUND**

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Type of School	Name and City	Did you graduate?	Course/Major
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College			
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Technical School			
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High School			
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Other			
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**LIST PAST (FIVE YEARS) EMPLOYMENT BEGINNING WITH MOST RECENT POSITION**

**IF ADDITIONAL SPACE FOR MORE EMPLOYERS IS NEEDED, ATTACH ON A SEPARATE SHEET**

1. Company Name: \_\_\_\_\_ Dates Worked : From \_\_\_\_\_ To \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_ Position Held \_\_\_\_\_ May we Contact? \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ CDL Driver? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pay Rate Starting \_\_\_\_\_ Ending \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
2. Company Name: \_\_\_\_\_ Dates Worked : From \_\_\_\_\_ To \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_ Position Held \_\_\_\_\_ May we Contact? \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ CDL Driver? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pay Rate Starting \_\_\_\_\_ Ending \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
3. Company Name: \_\_\_\_\_ Dates Worked : From \_\_\_\_\_ To \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_ Position Held \_\_\_\_\_ May we Contact? \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ CDL Driver? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pay Rate Starting \_\_\_\_\_ Ending \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
4. Company Name: \_\_\_\_\_ Dates Worked : From \_\_\_\_\_ To \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_ Position Held \_\_\_\_\_ May we Contact? \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ CDL Driver? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pay Rate Starting \_\_\_\_\_ Ending \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
5. Company Name: \_\_\_\_\_ Dates Worked : From \_\_\_\_\_ To \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_ Position Held \_\_\_\_\_ May we Contact? \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ CDL Driver? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pay Rate Starting \_\_\_\_\_ Ending \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

IF THERE ARE ANY GAPS IN EMPLOYMENT, PLEASE EXPLAIN:

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## WORK REFERENCES

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Please use four business/work references who are not related to you and who are not previous supervisors. If not applicable, please list four school or personal references who are not related to you.

1. Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

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## SPECIAL SKILLS

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Please check the skills in which you are proficient:

\_\_\_\_\_ Microsoft Word WPM: \_\_\_\_\_ Data Entry \_\_\_\_\_ 10 key Calculator \_\_\_\_\_  
\_\_\_\_\_ Microsoft Excel or Google Spreadsheets  
\_\_\_\_\_ Web Design \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

## **APPLICANT MUST READ AND SIGN**

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I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his/her agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a pre-employment drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I understand and agree that any misrepresentation by me on this application will be sufficient cause for voiding this application and/or for separating me from the service of Sweetwater County Transit Authority if I have become employed. I understand and consent to physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc. that may be required to certify my suitability for the work for which I have applied, and I release from liability Sweetwater County Transit Authority and its representatives for any legitimate actions it takes relating to the results of such tests. I understand that refusal to submit to the physical and drug screening will constitute voluntary withdrawal of my applications for employment. I also understand that Sweetwater County Transit Authority may refuse to hire me as a result of the examination, and I agree to hold Sweetwater County Transit Authority harmless for such refusal.

If hired, I agree to abide by all the rules and policies of the employer. I further understand that acceptance of an offer of employment does not create a contractual obligation upon STAR to continue to employ me in the future. If I become employed, I agree to such physical examinations, including drug and alcohol screenings, and other test/evaluations, etc. as reasonably may be required to certify my continuing suitability for any work which I may encounter while an employee of Sweetwater County Transit Authority. I further agree to hold Sweetwater County Transit Authority harmless for the consequences of such examinations, screenings, tests, etc.

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.

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Signature

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Date

SWEETWATER COUNTY TRANSIT AUTHORITY

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, criminal record, and your driving record may be obtained on you for employment purposes. Some of these reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.

\_\_\_\_\_

Applicant’s signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Driver's License Number & State