



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.

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

Rate of pay: _____ Position: _____

Reason for leaving:

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

Type of School	Name and City	Did you graduate?	Course/Major
----------------	---------------	-------------------	--------------

College	_____	_____	_____
---------	-------	-------	-------

Technical School	_____	_____	_____
------------------	-------	-------	-------

High School	_____	_____	_____
-------------	-------	-------	-------

Other	_____	_____	_____
-------	-------	-------	-------

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:

WORK REFERENCES

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: _____

SPECIAL SKILLS

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

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.

Signature

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