

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:

WORK EXPERIENCE

List your past two (2) employers, starting with your present or last job.

Name of Employer	Dates Employed		Address	Telephone No.
	From(mo/yr)	To(mo/yr)		
Job Title			Supervisor's Name and Title	
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 deciding if and where to employ your services.

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:

Group: A B C

Endorsement: P X T N S

Type: C O

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 DRIVING POSITIONS ONLY

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"/> Para-Transit Van	_____	_____
<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.

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 ALL 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 ALL 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.

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.

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.

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 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.

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 _____

10/2012