



**transpo**

south bend public  
transportation corporation

**Application for Employment**  
Please complete in ink and print all information

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

\*Position(s) of Interest: \_\_\_\_\_

*\*Please note that a copy of your current Motor Vehicle Report (MVR) must be submitted prior to being considered for a driving position with Transpo.*

**General Information:**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone Social Security Number

When are you available to begin work? \_\_\_\_\_

Are you seeking: \_\_\_\_\_ part time \_\_\_\_\_ full time \_\_\_\_\_ either Desired wage / salary: \_\_\_\_\_

Are you available to work any hours, including weekend? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

Are you prevented from becoming lawfully employed in the U.S. due to your visa or immigration status? \_\_\_\_\_

Have you ever been convicted of a crime that has not been expunged by a court? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever applied here before, if so when? \_\_\_\_\_

Have you ever worked here before, if so when? \_\_\_\_\_

Do you have any relatives working for Transpo, if so who? \_\_\_\_\_

Did anyone other than a relative refer you for employment with Transpo? \_\_\_\_\_ If yes, please provide the name of the person who referred you: \_\_\_\_\_

Have you ever in the course of employment, refused to submit to a drug test or tested positive for any illegal substance? \_\_\_\_\_

Have you ever been discharged from any employment or asked to resign? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**Education:**

Circle the Highest Grade Completed: High School: 1 2 3 4 College: 1 2 3 4  
Graduate School: 1 2 3 4 Technical/Trade: 1 2 3 4

Name and Location of High School: \_\_\_\_\_

Name and Location of College: \_\_\_\_\_

Name and Location of Graduate School: \_\_\_\_\_

Name and Location of Technical or Trade School: \_\_\_\_\_

If you did not graduate from high school, do you have a GED? \_\_\_\_\_

**Experience & Qualifications:**

Do you have a valid driver's license? \_\_\_\_\_ State Licensed In: \_\_\_\_\_

Type of License: \_\_\_\_\_ Operators \_\_\_\_\_ CDL Class A \_\_\_\_\_ CDL Class B \_\_\_\_\_ Chauffeurs

Does your license have a Public Passenger Endorsement: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

If answer to A or B is yes, please explain: \_\_\_\_\_

Have you had any special courses or training that will help you as a driver? \_\_\_\_\_ If yes, please list courses and/or training:

**Please list accident record for the last seven (7) years. Attach additional sheet if more space is needed. If none, please write none.**

Date of Accident	Nature of Accident	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____

**Please list traffic convictions and forfeitures for the last seven (7) years (other than parking violations). If none, please write none.**

Date of Conviction/Forfeiture	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____

**List specific experience, including length of time, you have in the following areas:**

Accounts Payable / Accounts Receivable: \_\_\_\_\_

Payroll: \_\_\_\_\_

Microsoft Office (Word, Excel, Outlook, Access, Power Point): \_\_\_\_\_

**List specific mechanical experience, including length of time, you have in the following areas:**

Engine tune-up (diesel): \_\_\_\_\_

Engine tune-up (gasoline): \_\_\_\_\_

Electrical systems: \_\_\_\_\_

Transmissions: \_\_\_\_\_

Brakes / Steering: \_\_\_\_\_

Tire Repair: \_\_\_\_\_

**List any other experience and/or skills you feel are relevant to the position for which you are applying:**

**Employment History:**

All applicants must provide the following information on all employers during the last seven (7) years. Complete mailing address, street number, city, state, zip code, and phone number with area code. List the most recent employers first. Be sure to complete ALL questions on each job. If necessary, attach an additional sheet.

**EMPLOYER:**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Dates of Employment: Start Date (month/year): \_\_\_\_\_ End Date: (month/year): \_\_\_\_\_

Last Position Held: \_\_\_\_\_ Salary/Wage: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Major Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact:  yes  no Contact Person/Title: \_\_\_\_\_

**EMPLOYER:**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Dates of Employment: Start Date (month/year): \_\_\_\_\_ End Date: (month/year): \_\_\_\_\_

Last Position Held: \_\_\_\_\_ Salary/Wage: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Major Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact:  yes  no Contact Person/Title: \_\_\_\_\_

**EMPLOYER:**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Dates of Employment: Start Date (month/year): \_\_\_\_\_ End Date: (month/year): \_\_\_\_\_

Last Position Held: \_\_\_\_\_ Salary/Wage: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Major Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact: \_\_\_\_\_ yes \_\_\_\_\_ no Contact Person/Title: \_\_\_\_\_

**EMPLOYER:**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Dates of Employment: Start Date (month/year): \_\_\_\_\_ End Date: (month/year): \_\_\_\_\_

Last Position Held: \_\_\_\_\_ Salary/Wage: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Major Duties/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact: \_\_\_\_\_ yes \_\_\_\_\_ no Contact Person/Title: \_\_\_\_\_

**Explain any gaps or periods of unemployment:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that all statements made on this application for employment, and in any subsequently executed medical questionnaire, are true and correct to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered, the application will be rejected and, if I am employed, will be grounds for discipline up to and including termination of my employment.

I understand that the Fair Credit Report Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during Transpo's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me.

I authorize Transpo and its representatives to inquire of all former employers, or others who know me or know of me. It is agreed and understood that Transpo and its agents may conduct background evaluations to ascertain any and all information of concern, whether same is of record or not, and I release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

I authorize Transpo to request and obtain my Motor Vehicle Report for consideration of my application for employment.

I acknowledge that any offer of employment is conditional upon successful completion of a drug screen and DOT physical examination. I further acknowledge that I have not been subjected to and refused to take and/or failed any drug screen or alcohol test during the 24 calendar month period preceding the date listed below.

I understand that should an employment offer be extended to me and accepted that I will full adhere to the policies, rules and regulations of employment with Transpo.

I certify that I have read, understand and agree to the above.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Transpo is an Equal Opportunity / Affirmative Action Employer that Values Diversity



## VOLUNTARY SELF-IDENTIFICATION FORM

South Bend Public Transportation Corporation (Transpo) is an equal opportunity / affirmative action employer. As such, we are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your ethnicity/race, disability and veteran status. Self-identification is voluntary and there will be no negative consequences if you elect not to disclose this information. The information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, the data will not identify any specific individual.

Regardless of whether or not you choose to self-identify, completion of this form is mandatory. If you do not wish to self-identify, please check the "decline to disclose" box.

### EMPLOYEE INFORMATION

*(Please print legibly in blue or black ink)*

<b>Employee Name:</b>	
<b>Work Location:</b>	
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

### ETHNICITY

Are you *Hispanic* or *Latino* (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

Yes       No       Decline to Disclose

**If you checked "Yes" to the question above, please do not fill out the RACE section of this form.  
 If you checked "No" to the question above, please check ONE description under RACE section below.**

### RACE

—	WHITE ( <i>Not Hispanic or Latino</i> ) A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
—	BLACK OR AFRICAN AMERICAN ( <i>Not Hispanic or Latino</i> ) A person having origins in any of the Black racial groups of Africa
—	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ( <i>Not Hispanic or Latino</i> ) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
—	ASIAN ( <i>Not Hispanic or Latino</i> ) A person having origins in an of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
—	AMERICAN INDIAN OR ALASKAN NATIVE ( <i>Not Hispanic or Latino</i> ) A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition
—	TWO OR MORE RACES ( <i>Not Hispanic or Latino</i> ) All persons who identify with more than one of the above five races
—	Decline to Disclose

## VOLUNTARY SELF-IDENTIFICATION FORM (Continued)

<b>Employee Name:</b>	
<b>Work Location:</b>	

**DISABILITY / VETERAN STATUS**

If you have a disability or are a veteran as defined below and you would like to be included in our affirmative action program, please tell us now and/or at any time in the future.

Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing the Americans with Disabilities Act or laws administered by the Office of the Federal Contract Compliance Programs may be informed.

If you are an individual with a disability or a disabled veteran and (a) would like to request an accommodation that would enable you to successfully perform the job for which you have received an offer of employment, or other types of positions within the company; or (b) would prefer to inform the company of this information verbally, please contact the Human Resource Department.

**Please check ALL that apply below:**

—	An individual with a disability is a person who (a) has a physical or mental impairment which substantially limits one or more major life activities, (b) has record of such impairment; or (c) is regarded as having such impairment.
—	Disabled Veteran means 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 Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
—	Recently Separated Veteran means a veteran separated during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.  Date of Discharge: ____ / ____ / ____
—	Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive order 12985 (61 FR 2109)
—	Other Protected Veteran means a veteran 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 under laws administered by the Department of Defense.
—	None of the above
—	Decline to disclose

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **PRE-EMPLOYMENT CHECKS**

This certifies my understanding of the following:

I have applied for employment with the South Bend Public Transportation Corporation (Transpo). In the event that Transpo elects to offer me employment, Transpo may exercise the option to begin my actual employment prior to receiving the results of some required pre-employment checks, such as criminal background, past employment, motor vehicle record check, or any other information relevant to my intended position, and required to begin employment with Transpo.

However, it is further understood that my continued employment with Transpo will be contingent upon Transpo's receipt of favorable results of ALL pre-employment checks and that my employment will be immediately terminated upon Transpo's receipt of unfavorable information resulting from any pre-employment checks.

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**Applicant Signature**

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**Date**

*Transpo is an Equal Opportunity and Affirmative Action Employer*



**ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, AND RIGHT TO OBTAIN MORE INFORMATION REGARDING INVESTIGATIVE CONSUMER REPORTS. I certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **South Bend Public Transportation Corporation** at any time after receipt of this authorization and throughout my employment, if applicable and to consider this information when making decisions regarding my employment and/or continued employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by Integrity Investigations, P.O. Box 8282, South Bend, Indiana 46660; (574) 288-5911; www.integrityinvestigationinc.com ("the Agency"), another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

<p><u>State of Washington applicants and employees only:</u> If the Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>
<p><u>Massachusetts and New Jersey applicants and employees only:</u> You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the Agency identified above directly.</p>
<p><u>New York applicants and employees only:</u> You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the Agency. If a consumer report is requested, you will again be provided with the name and address of the consumer reporting agency furnishing the report. You may also inspect and receive a copy of the report by contacting the Agency with the contact information above. By signing below, you also acknowledge receipt of Article 23-A of the NY Correction Law.</p>
<p><u>Minnesota applicants and employees only:</u> You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>Oklahoma applicants and employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><u>California applicants and employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Signature: \_\_\_\_\_

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

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







### **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**South Bend Public Transportation Corporation** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), and verification of your education or employment history or other background checks.



**REFERRAL SOURCE**

Please let us know how you heard about the position that you are applying for today!

***Please print:***

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

**Referral Source (Check any that apply)**

\_\_\_\_\_ Transpo Employee (If so, please list their name): \_\_\_\_\_

\_\_\_\_\_ Walk In

\_\_\_\_\_ Word of Mouth

\_\_\_\_\_ Indeed.com

\_\_\_\_\_ South Bend Tribune

\_\_\_\_\_ TransitTalent.com

\_\_\_\_\_ Work One

\_\_\_\_\_ Michigan Works

\_\_\_\_\_ TheLadders.com

\_\_\_\_\_ WNDU

\_\_\_\_\_ WSBT

\_\_\_\_\_ Flier / Sign

\_\_\_\_\_ Radio

\_\_\_\_\_ Employment Agency

\_\_\_\_\_ Mass Transit

\_\_\_\_\_ Other (Please specify): \_\_\_\_\_