



**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 \_\_\_\_\_ For-Hire Endorsement

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:** \_\_\_\_\_



## 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**

—	<b>WHITE (Not Hispanic or Latino)</b> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
—	<b>BLACK OR AFRICAN AMERICAN (Not Hispanic or Latino)</b> A person having origins in any of the Black racial groups of Africa
—	<b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino)</b> A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
—	<b>ASIAN (Not Hispanic or Latino)</b> 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
—	<b>AMERICAN INDIAN OR ALASKAN NATIVE (Not Hispanic or Latino)</b> 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
—	<b>TWO OR MORE RACES (Not Hispanic or Latino)</b> All persons who identify with more than one of the above five races
—	<b>Decline to Disclose</b>

## 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*



**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): \_\_\_\_\_