



transpo

*south bend public
transportation corporation*

Application for Employment
Please complete in ink and print all information

Date: _____

*Position(s) of Interest: _____

General Information:

Last Name First Name Middle Initial

Street Address City State Zip Code

Phone Email 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 _____ 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)

Employee Name:	
Work Location:	
Gender:	<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)

Employee Name:	
Work Location:	

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 Notification & Acknowledgement

I understand and acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) prior to being hired or transferred into a safety-sensitive position as defined in CFR Part 655¹. I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

(Print Name)

(Signature)

(Date)

Have you tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position in the past two years? Please circle your response below:

YES

NO

If you answered YES, can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR Part 40, Subpart O? Please circle your response below:

YES

NO

(Print Name)

(Signature)

(Date)

¹ A safety-sensitive function, as described in 49 CFR Part 655 Section 655.4, includes: (1) operating a revenue service vehicle; (2) operating a non-revenue service vehicle, when required to be operated by a CDL holder; (3) controlling dispatch or movement of a revenue service vehicle; (4) maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; or (5) carrying a firearm for security purposes.



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): _____