

SunLine EMPLOYMENT APPLICATION **TRANSIT AGENCY**

RECEIVED: _____

SunLine policy prohibits discrimination on the basis of age, race, color, religion, national origin, citizenship, sexual orientation or disability in accordance with applicable state and federal laws.

APPLICATION MUST BE COMPLETED BY THE INDIVIDUAL SEEKING EMPLOYMENT. PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED.

Today's Date _____

POSITIONS APPLYING FOR: _____
First Choice Second Choice

NAME AND ADDRESS

Name _____
Last First Middle

Current Address _____
Number Street Apt
City State Zip

Home Telephone No. (_____) _____ Work (or Message Telephone No.) (_____) _____
Area Code Number Area Code Number

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?

YES NO

If necessary, please describe what type(s) of reasonable accommodations are needed. _____

Driver's License Number _____
State Number Class

If applying for an Operations or Maintenance position, an H-6 DMV print out is required with application.

Vehicle Accidents within last five years YES NO Vehicle Citations within last five years YES NO

If YES, explain _____

Can you verify your legal right to work in the United States? YES NO

Have you been convicted of a felony/misdemeanor within the last seven years? YES NO

If YES, explain _____
(A conviction will not necessarily disqualify you for the job)

Are you willing to work overtime if required by the position? YES NO

Have you worked for SunLine before? YES NO Date _____ Position _____

Date available for work _____

List friends / family currently employed by SunLine: _____

WORK HISTORY: Beginning with your most recent position account for all your time over the past 10 years.

1. Company (current) _____ Start Date (from) _____ (to) _____
Job Title _____ Current Salary _____ Starting Salary _____
Business Address (Street, City, Zip) _____
Immediate Supervisor _____ Phone Number _____
Reason for leaving: _____
Description of Duties: _____

2. Company _____ Start Date (from) _____ (to) _____
Job Title _____ Starting Salary _____ Ending Salary _____
Business Address (Street, City, Zip) _____
Immediate Supervisor _____ Phone Number _____
Reason for leaving: _____
Description of Duties: _____

3. Company _____ Start Date (from) _____ (to) _____
Job Title _____ Starting Salary _____ Ending Salary _____
Business Address (Street, City, Zip) _____
Immediate Supervisor _____ Phone Number _____
Reason for leaving: _____
Description of Duties: _____

4. Company _____ Start Date (from) _____ (to) _____
Job Title _____ Starting Salary _____ Ending Salary _____
Business Address (Street, City, Zip) _____
Immediate Supervisor _____ Phone Number _____
Reason for leaving: _____
Description of Duties: _____

EDUCATION / SKILLS

	School Name	City & State	Major	Yrs Completed	Degree / Date Completed
High School					
College or University					
Other Education / Training					

OTHER: List below any other experience you feel would be helpful in considering your application (i.e. professional license, certifications or training).

COMPUTER SKILLS

PC Application: WORD EXCEL POWERPOINT ACCESS PUBLISHER

List other computer programs skills: _____

CONSTRUCTION EQUIPMENT / MACHINES OPERATED: List below the types of construction equipment and machines you have used.

All applicants please read the following and address any questions to the Human Resources Department before signing below.

I authorize SunLine Transit Agency to make an independent investigation of my character, conduct, and employment records; to keep and preserve records of such investigations. I hereby release said companies and/or persons from all liability in any respect pursuant to this investigation. I certify that the information given herein is true. I understand that falsification of this record is cause for immediate dismissal. It is also understood that upon hire, I will be required to furnish additional information as requested by SunLine Transit Agency.

I understand that employment is contingent upon my successful completion of a pre-employment physical which includes drug and alcohol testing, and that I will be subject to further drug and alcohol testing throughout my period of employment. I understand that after an offer of employment I may be required to pass a physical examination to determine my ability to perform the essential functions of the job.

In consideration of my employment, I agree to conform to the rules and standards of SunLine Transit Agency. I further agree that my employment is at-will and that I may terminate my job at any time for any reason. I also understand that SunLine Transit Agency may terminate my job at any time with or without notice and with or without cause. My at-will status may only be changed in a written document signed by the general manager.

Signature Date

FOR OFFICE USE ONLY

ROUTING INFORMATION

Reviewed by: _____ Date: _____
(Department)

SunLine Transit Agency

APPLICATION FOR BUS OPERATOR AND MECHANICS ONLY

SunLine has the responsibility to provide the best qualified Bus Operators and Mechanics to our riding public. Therefore, if you have any of the following violations on your current driving record you will be disqualified from consideration as a SunLine Operator at this time.

1. Any Failure to Appear.
2. Any Suspended License.
3. Driving while under the influence of alcohol/drugs.
4. Negligent, careless or reckless driving.
5. More than three moving violations in the previous three years.
6. All accidents will be reviewed on an individual basis and may be cause for disqualification.

Minimum Requirements:

1. High School Diploma or GED equivalent.
2. Must be 21 years of age or older.
3. Must have an acceptable driving record.
4. Must possess valid California license at time of application.
5. Must possess or have ability to obtain a valid Class B California drivers license.
 - air brakes certification
 - passenger endorsement (does not apply to Mechanics)
6. Must satisfactorily pass all applicable examinations including physical, drug and alcohol.
7. IF HIRED, documentation verifying your identity and authorization to work in the United States will be required.

A COPY OF APPLICANT'S DRIVING RECORD (H6) FROM THE DMV MUST BE SUBMITTED WITH APPLICATION. IF APPLICANT HAS RESIDED IN CALIFORNIA LESS THAN THREE YEARS, A COPY OF THE APPLICANT'S DRIVING RECORD FROM PREVIOUS STATE OF RESIDENCE MUST BE SUBMITTED IN ADDITION TO CALIFORNIA RECORD.

THIS APPLICATION MUST BE COMPLETED BY THE INDIVIDUAL SEEKING EMPLOYMENT. PLEASE COMPLETE ALL INFORMATION REQUESTED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.



Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *M.I.*

City *State* *ZIP Code*

Home Phone: (____) _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan Asian Black/African American
 Hispanic/Latino Native Hawaiian/Pacific Islander White/Caucasian
 Two or More Races _____

Gender

- Female Male

Military Service

- Pre-Vietnam Era Vietnam Era None
 Post-Vietnam Era Disabled Veteran

How did you hear about this position?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Website
 Other _____

**SunLine Transit Agency
APPLICANT QUESTIONNAIRE
PREVIOUS DRUG & ALCOHOL TESTING INFORMATION**

*Applicants must answer the following questions.
Please respond by checking Yes or No after each of the following questions. These questions are required by US Department of Transportation Regulation 49 CFR Part 40.*

In the Past Two Years:

- 1) Have you had any DOT required alcohol test with a result of 0.04 or higher alcohol concentration?
/ Yes / No

- 2) Have you had any verified (by MRO) positive DOT required drug/alcohol tests?
/ Yes / No

- 3) Have you refused to be tested (including having a verified adulterated or substituted drug test result)?
/ Yes / No

- 4) Have you had any other violation of a DOT agency drug or alcohol testing regulation?
/ Yes / No

- 5) Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you?
/ Yes / No

- 6) Were there any situations in which you refused to submit (including any adulterated or substituted finding) to a pre-employment test for a DOT employer that did not hire you?
/ Yes / No

I certify that my responses to the above questions are true:

Signature: _____ Date: _____

Print Name: _____ SSN# _____