

Spokane Transit Authority (STA)

1230 W. Boone Avenue, Spokane, WA 99201
Phone - (509) 325-6000 Fax - (509)325-6036

Application for Employment

Date _____

I am applying for a position in this department: Paratransit Fixed Route Maintenance Administration Customer Service

Instructions to the Applicant

Thank you for your interest in employment at STA!

Please read the following instructions and information before completing the application. Answer each question completely and use a pen.

1. All questions must be answered truthfully and as completely as possible.
2. If offered a job, you will be required to satisfactorily pass a physical examination that could include a drug screen by a competent medical examiner designated by STA.
3. Your signature signifies your agreement to abide by the existing rules of STA; however, STA's rules do not constitute a contract of employment and may be modified from time to time.
4. If offered a job, you will be required to satisfactorily pass a criminal background check, which will confirm your ability to be bonded by this surety. Bondability is a requirement of employment.
5. Spokane Transit offers equal opportunity for employment to all applicants without regard to race, religion, color, gender, veteran status, sexual orientation, marital status, age, national origin or disability, who meet the requirements for the position applied for based on ability to perform the job, qualifying tests, interviews, verification of previous work record and background, bondability and a physical examination.
6. **This application will be used for this job opening only. A separate application is necessary for each job opening.**
7. Complete this application, provide an original signature on the last page and return it to: Human Resources Dept., Spokane Transit, 1230 W. Boone Avenue, Spokane, WA 99201.

Personal Data

Last Name _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Work Phone _____ Home/Message Phone _____

Cell Phone _____

Position Applying For _____ Date Available for Work _____

Names of relatives employed by STA _____

Please indicate other names you have used while working or attending school _____

Are you a U.S. citizen or does a Visa or immigration status permit allow lawful employment in the United States? Yes No

Previous Address _____ How long? _____

Shift work and occasional evenings are required for certain STA positions. If applicable, are you available for and willing to work

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Night work (after 8 pm)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sunday work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Split Shifts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Holiday work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Education Record

(If necessary attach additional sheets; use same format.)

Name of School or Course	Location	Dates		Degree/Major
		From	To	
High School				
College				
Graduate Level Courses				
Other				
Apprenticeship Program or Professional				

References

Please provide three (3) business or personal references (not relatives or former employers) who know you well.

Name	Occupation	City/State	Phone Number	Number of years known

Employment Record

This section must be completed in detail. Additionally, a resume may be attached.

- Begin with most recent or current employer.
- Show consecutive record of all positions held.
- List all employment for the last 10 years.
- If applicable, include military service.
- If necessary, attach additional sheets; use same format.

1	From _____ To _____
	Name of Employer _____ Address _____
	Ending Salary (Monthly or per hour) _____ Your Title _____
	Supervisor _____ Phone _____
	May we contact this person? _____
	Duties and Responsibilities _____
Reason for leaving or wishing to leave _____	

2	From _____ To _____
	Name of Employer _____ Address _____
	Ending Salary (Monthly or per hour) _____ Your Title _____
	Supervisor _____ Phone _____
	May we contact this person? _____
	Duties and Responsibilities _____
Reason for leaving or wishing to leave _____	

3	From _____ To _____
	Name of Employer _____ Address _____
	Ending Salary (Monthly or per hour) _____ Your Title _____
	Supervisor _____ Phone _____
	May we contact this person? _____
	Duties and Responsibilities _____
Reason for leaving or wishing to leave _____	

4	From _____ To _____
	Name of Employer _____ Address _____
	Ending Salary (Monthly or per hour) _____ Your Title _____
	Supervisor _____ Phone _____
	May we contact this person? _____
	Duties and Responsibilities _____
Reason for leaving or wishing to leave _____	

Driver's License

If stated as a requirement of this position, provide all information pertaining to your driving history.

What type of license do you have? Regular CDL

Class _____
 Endorsements _____
 Expiration Date _____
 State _____
 License Number _____

In the last three (3) years have you been cited for negligent, drunken, or reckless driving? Yes No

Have you had a license in another state in the last three (3) years? Yes No

State _____
 Year(s) _____
 Drivers License Number if known _____
 When did you get your first license? _____
 How many years have you been driving? _____
 How many years experience have
 you had driving 16-passenger
 or larger buses? _____
 How many moving traffic violations
 have you had in the last
 three (3) years? _____

Other Moving Traffic Violations

List all the violations you have had in the United States and Canada in the last three (3) years, starting with the most recent. If you have no violations, enter "No Violations". If you are not sure that you have included all the necessary information, explain why.

Month/Year	Type of Violation	City, State/Province	Was license suspended or revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			

Accidents

Date	Location	Description	Fatalities?	Other Injuries?	Property Damage
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Comments:					

Job Information

If the position you are applying for requires the collection or handling of money, please provide the name of any company where you have collected or handled money. _____

Address _____

Are you bondable? Yes No Some positions also require a credit check. If stated as a requirement of this position, do you consent to a credit check? Yes No

We routinely check for criminal records of applicants. Do your records include any conviction, guilty plea, jail or prison time within the past 10 years. Yes No

If yes, please explain: _____

Do you currently have any criminal charge pending against you? Yes No

If yes, please explain: _____

Have you ever been involuntarily discharged from employment?

Yes No If yes, give details (e.g., by what employer, when and why). _____

In the past two years, have you ever tested positive (or refused a test) on a DOT pre-employment drug or alcohol test administered by a DOT covered employer?

Yes No If yes, please explain: _____

Have you failed or refused a DOT drug or alcohol pre-employment test within the past two (2) years from an employer that subsequently did not hire you?

Yes No If yes, please explain: _____

What qualities do you have which will make you a good transit employee? _____

Any additional remarks: _____

Special Skills/Licenses/Certificates

Equipment/machines operated (Please complete all categories applicable to this position.)

Keyboard Yes No WPM _____ Computer Skills Yes No

Types of computers and software used _____

10-Key Adding Machine By Touch By Sight No SPM (strokes per minute) _____

Other office equipment used _____

Accreditations/Certifications/Professional Licenses

Type of License/Certification	State	Number	Date of Expiration
Describe any courses, activities (including volunteer work) and training which specifically relate to the position:			
Foreign languages you speak which relate to this position:			

Former Employee

Are you a former Spokane Transit employee? Yes No

If yes, last position held at Spokane Transit _____

Date Left _____

Reason for Leaving _____

Please Read Carefully

For your application to be considered, the following statement must be read and signed.

I authorize Spokane Transit Authority (STA) to verify all the information I have provided on this application. To the best of my knowledge, all of the information is true and correct. I understand that any misrepresentation or omission of facts is cause for rejection of my application or possible termination of my employment at STA.

If offered a job, I agree to take an employment physical examination, which may include tests for drug use, and such future examinations as may be required by STA. I agree to wear or use protective clothing or devices as required by STA and comply with the safety rules. I further agree to any other conditions described herein.

By signing this form, I authorize STA or its designated representative to contact law enforcement agencies to obtain criminal history record information. Note: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

I understand that if employed, no STA representative has the authority to make any oral or written agreements altering the employment-at-will relationship except the CEO. Either I or STA may terminate the employment relationship at any time with or without cause. I will abide and conform to the rules and regulations of the organization.

By making this application, I hereby authorize STA to disclose this information to other sources in accordance with the Public Disclosure Act.

The statements contained herein are material to STA's employment process and STA may act in reliance thereon. Providing false information is punishable by fine or imprisonment. See RCW 9A.72.085 and RCW 40.16.030.

My signature constitutes authorization for any previous or current employer to accept a copy of this authorization for the purpose of providing STA any information requested about such employment.

I hereby certify under the penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

I hereby provide written consent for contacting DOT-covered past employers (2 years) to release drug and alcohol testing information.

Signature: _____ Date: _____