

Application For Employment

Prescott Transit Authority
820 E Sheldon Street
Prescott Az. 86301

Date : _____

Basic Info:

Name _____ Phone Number _____
First Middle Last

Address _____ How Long _____
Street City State/Zip

Date of Birth _____ Social Security Number _____

Address for Past Three Years: Attach sheet if more space is needed

Address _____ How Long _____
Street City State/Zip

Address _____ How Long _____
Street City State/Zip

Address _____ How Long _____
Street City State/Zip

Position Desired _____ Salary Desired _____ Date you can start _____

Are you currently Employed _____ Where _____ Are you leaving _____

Have you ever applied or worked for this Company before? Yes _____ No _____ When? _____

Education:

	Name/Location	Years Attended	Graduated	Subjects
High School				
College				
Trade, Business, or Correspondence				

General Information:

Special Training
Special Skills
U.S. Military or Naval Service Rank

Have you ever been convicted of a felony? Yes _____ No _____

Please Explain _____

Employment History: Most Recent one first

Date: Month/Year	Employers Name & Address & Phone #	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

* If you have a CDL License you must include a total of ten years employment history.(attach list if needed)

From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

Any gaps in Employment and/or Unemployment must be explained. Include dates (month/year) and Reason. _____

Where you subject to the Federal Motor Carriers Safety Regulations (FMCSRs) while employed by any of the previous employers?

Yes _____ No _____ Which Ones? _____

Were any of the previous job positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes _____ No _____ Which Ones? _____

Office Information:

Computer Skills (check one)	Word	Excel	Power Point	Typing Words Per Minute	Basic Computer Knowledge
Basic					
Extended					
None					

References - List four people NOT related to you, whom you have known at least one year.

Name	Address	Business	Phone Number	Yrs. known

Driver Information:

Drivers License # _____ State _____ Expiration _____ Type _____

Current: Yes / No Suspended: Yes / No

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one drivers license”. I certify that I do not have more than one motor vehicle license, the information for which is listed above. Initial _____

Have you ever been denied a License, permit or privilege to drive before? Yes / No

Has any License, permit or privilege been suspended or revoked? Yes / No

If the answer to any above question was yes please attach a detailed statement explaining it.

Driving Experience

Class Of Equipment	Size / # Passengers	Dates from	Dates to	Approximate # of miles drove
Passenger/ Coach Bus				
Semi Trailer/ Tractor				
Straight Truck				
Limo				

Accident Record: for the past 3 years (attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 Years (other than parking violations) Attach sheet if more space is needed

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or Points)

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquires to my personal, employment financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

“I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

_____ Date

_____ Applicants Signature

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

