

EMPLOYMENT APPLICATION

Pierce Transit complies with Federal requirements for a drug-free workplace.

3701 96th Street S.W., PO Box 99070
 Lakewood, WA 98499-0070
 (253) 581-8080

APPLICATION SHOULD BE COMPLETED IN FULL, EVEN IF SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. PIERCE TRANSIT WILL PROVIDE REASONABLE ACCOMMODATION TO APPLICANTS WITH DISABILITIES WITH ADVANCE NOTICE TO THE HUMAN RESOURCES DEPARTMENT.

POSITION APPLIED FOR: _____		DATE: _____ (MM/DD/YY)	
NAME:			
LAST	FIRST	MIDDLE	
ADDRESS:			
STREET			APT. #
CITY	STATE	ZIP CODE	SOC. SEC. NO.
PHONE:			
HOME	WORK	MESSAGE (IF DIFFERENT)	
Are you related to any current Pierce Transit employee?			
No	Yes	If Yes: NAME _____	RELATIONSHIP _____
Are you residing with any current Pierce Transit employee?			
No	Yes	If Yes: NAME _____	
Have you previously applied for a position at Pierce Transit?			
	No	Yes	
If Yes: WHAT POSITION: _____		APPROXIMATE DATE: _____	
Are you currently or have you previously been employed by Pierce Transit?			
	No	Yes	
If Yes: JOB TITLE: _____		DATES: _____	
Are you able to work any day of the week?			
	Yes	No	Any shift? Yes No
If No, please explain _____			
Have you the legal right to work in the U.S.?			
	Yes	No	
Have you been convicted of a felony within the last 10 years?			
	Yes	No	
If yes, additional information may be required but will not necessarily disqualify an applicant.			

NAME: _____

DRIVING INFORMATION

<i>If the position requires the operation of a motor vehicle, please complete the following:</i>			FOR HR USE ONLY TEST _____ FIRST _____ FINAL _____ PHYS _____ START _____
Do you possess a valid Driver's License?	Yes	No	
STATE:	LICENSE NUMBER:	EXPIRATION DATE:	
CLASS:	ENDORSEMENTS:	DATE OF BIRTH:	
Has your license ever been restricted, suspended or revoked?			
(If yes, please explain)			
Have you had any moving violations within the last two years?			
	No	Yes	

U.S. MILITARY BACKGROUND

BRANCH OF SERVICE: _____ DATE IN: _____ DATE OUT: _____

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME & LOCATION	MAJOR SUBJECT	NUMBER OF YEARS COMPLETED					GRADUATE/DEGREE	DATES ATTENDED
			9	10	11	12	GED		
HIGH SCHOOL									-
COLLEGE			1	2	3	4			-
COLLEGE			1	2	3	4			-
GRADUATE SCHOOL			1	2	3	4			-
BUSINESS/VOCATIONAL			1	2	3	4			-

OTHER RELEVANT COURSES AND TRAINING	NAME & LOCATION OF INSTITUTION	DATES ATTENDED
		-
		-
		-
		-

PROFESSIONAL LICENSES OR CERTIFICATES	SERIAL NUMBER	DATE ISSUED	EXPIRATION DATE

OTHER SKILLS

COMPUTER SKILLS (SOFTWARE, EQUIPMENT, ETC.): *Maximum 5 lines*

TYPING SPEED (WPM): _____ FOREIGN LANGUAGES (FLUENT): _____

OTHER SKILLS/EQUIPMENT/TOOLS: *Maximum 5 lines*

EMPLOYMENT HISTORY

- Please complete this section in detail
- List your work experience for the last 10 years, starting with your most recent job.
- A resume will NOT substitute for a Pierce Transit application form.
- Identify any gaps in employment.
- Attach additional sheets if more space is needed.

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	DATES EMPLOYED: FROM _____ TO _____ <small>(MM/YY) (MM/YY)</small>
CITY/STATE/ZIP: _____	NO. OF EMPLOYEES SUPERVISED: _____
NAME/TITLE OF SUPERVISOR: _____	
PHONE: _____	SALARY: _____ HOURS PER WEEK: _____
REASON FOR LEAVING: _____	
JOB DUTIES: <i>Maximum 4 lines</i>	

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	DATES EMPLOYED: FROM _____ TO _____ <small>(MM/YY) (MM/YY)</small>
CITY/STATE/ZIP: _____	NO. OF EMPLOYEES SUPERVISED: _____
NAME/TITLE OF SUPERVISOR: _____	
PHONE: _____	SALARY: _____ HOURS PER WEEK: _____
REASON FOR LEAVING: _____	
JOB DUTIES: <i>Maximum 4 lines</i>	

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	DATES EMPLOYED: FROM _____ TO _____ <small>(MM/YY) (MM/YY)</small>
CITY/STATE/ZIP: _____	NO. OF EMPLOYEES SUPERVISED: _____
NAME/TITLE OF SUPERVISOR: _____	
PHONE: _____	SALARY: _____ HOURS PER WEEK: _____
REASON FOR LEAVING: _____	
JOB DUTIES: <i>Maximum 4 lines</i>	

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	DATES EMPLOYED: FROM _____ TO _____ <small>(MM/YY) (MM/YY)</small>
CITY/STATE/ZIP: _____	NO. OF EMPLOYEES SUPERVISED: _____
NAME/TITLE OF SUPERVISOR: _____	
PHONE: _____	SALARY: _____ HOURS PER WEEK: _____
REASON FOR LEAVING: _____	
JOB DUTIES: <i>Maximum 4 lines</i>	

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	DATES EMPLOYED: FROM _____ TO _____ <small>(MM/YY) (MM/YY)</small>
CITY/STATE/ZIP: _____	NO. OF EMPLOYEES SUPERVISED: _____
NAME/TITLE OF SUPERVISOR: _____	
PHONE: _____	SALARY: _____ HOURS PER WEEK: _____
REASON FOR LEAVING: _____	
JOB DUTIES: <i>Maximum 4 lines</i>	

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	DATES EMPLOYED: FROM _____ TO _____ <small>(MM/YY) (MM/YY)</small>
CITY/STATE/ZIP: _____	NO. OF EMPLOYEES SUPERVISED: _____
NAME/TITLE OF SUPERVISOR: _____	
PHONE: _____	SALARY: _____ HOURS PER WEEK: _____
REASON FOR LEAVING: _____	
JOB DUTIES: <i>Maximum 4 lines</i>	

It is the policy of Pierce Transit, as part of the selection process, to contact former employers for reference information. By signature below, I authorize Pierce Transit to contact my former employers.

I acknowledge that employment is contingent upon successful completion of a physical examination, including a drug test. If I am applying for a safety sensitive position, I understand that my employment is contingent upon successfully completing a USDOT drug test as required by 49 CFR Part 655 and, if hired, I understand that a condition of my employment will be compliance with the Agency's Drug and Alcohol Abuse Policy, including submitting to drug and alcohol tests as described in the policy.

I certify that the information shown on this application is true and correct to the best of my knowledge. I further agree that falsifying or withholding of pertinent information given in my application or interview(s) will be grounds for non-consideration, or if employed, will be cause for dismissal. Failure to sign and date this form will also be grounds for non-consideration.

Signature _____ Date _____

You may contact my current employer Yes Contact me first No

APPLICANT FLOW DATA FORM

As a recipient of federal funds, Pierce Transit must compile statistical data on the gender, minority, and disability status of job applicants. If you wish to provide this statistical information, please indicate below. This data will be removed from the application and entered only on an applicant flow log. If you do not wish to provide this information, your status will be summarized into an "unknown" category and will not jeopardize you as a prospective employee.

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

NAME: _____
 LAST NAME FIRST NAME M.I.

STATISTICAL INFORMATION

ETHNIC CLASSIFICATION

- 1 _____ W (White/Caucasian)
- 2 _____ B (Black/African-American)
- 3 _____ H (Hispanic/Latino)
- 4 _____ A (Asian)
- 5 _____ I (American Indian)
- 6 _____ P (Native Hawaiian or Other Pacific Islander)
- 7 _____ S (Two or more races)
- 8 _____ O (Other) _____

GENDER

- 1 _____ MALE
- 2 _____ FEMALE

AGE 40 OR OLDER

- 1 _____ YES
- 2 _____ NO

DISABLED

- 1 _____ YES
- 2 _____ NO

WHERE DID YOU HEAR ABOUT THIS POSITION?

- 1 _____ INTERNET SITE _____
- 2 _____ NEWSPAPER NAME: _____
- 3 _____ JOB LINE
- 4 _____ WALK-IN
- 5 _____ FRIEND/RELATIVE
- 6 _____ EMPLOYMENT SECURITY/WORKSOURCE
- 7 _____ OTHER _____

**PIERCE TRANSIT
AUTHORIZATION AND RELEASE OF INFORMATION**

As part of the employment process with Pierce Transit, I _____ authorize release and full disclosure of any and all records pertaining to me to any duly authorized agent of Pierce Transit, whether such records are public, private or confidential.

I give my consent for full and complete disclosure of records from educational institutions; credit reports; employment and pre-employment records, including background reports, performance evaluations, job applications, disciplinary actions taken against me, complaints or grievances filed by or against me, salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and traffic records. I also give my consent for full and complete disclosure of medical information and reports of on/off-the-job injuries/illnesses relating to the ability to perform the essential functions of the position if I have been extended a conditional job offer.

I understand that any information obtained by or developed as a result of this authorization will be considered in determining my suitability for employment by Pierce Transit.

I agree to hold harmless the person to whom this Waiver/Authorization for Release of Information is presented and his agents and employees, from and against claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I agree to hold Pierce Transit harmless from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of the use or disclosure of any information obtained from those above referenced entities as a result of this Authorization for Release of Information.

I further attest to the truthfulness of all information regarding my medical and on-the-job injury history that I provided to Pierce Transit, or its medical provider during the course of my application process and/or employment if I am extended a conditional job offer.

I certify, understand and agree, that the information I have provided contains no willful misrepresentation and that withholding pertinent information or falsifying information provided as part of the employment process including the medical examination, will be grounds for non-consideration, or if employed, will be cause for dismissal.

Signature

Date