

EMPLOYMENT APPLICATION

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

3701 96th Street S.W., PO Box 99070
 Lakewood, WA 98496-0070
 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: _____	
CLASS: _____	ENDORSEMENTS: _____	
	EXPIRATION DATE: _____	
	DATE OF BIRTH: _____	
Has your license ever been restricted, suspended or revoked? (If yes, please explain) _____	No Yes	
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 _____ (MM/YY) (MM/YY)
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 _____ (MM/YY) (MM/YY)
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> _____	

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PHONE: () - _____	SALARY: _____ HOURS PER WEEK: _____
REASON FOR LEAVING: _____	
JOB DUTIES: <i>Maximum 4 lines</i> _____	

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EMPLOYER: _____	POSITION: _____
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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**

**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

Transit Security Officer
Supplemental Questionnaire

Please thoroughly answer the following questions as they will be used as part of the screening process. Please use additional sheets of paper for your answers.

1. Describe your experience working with the public. Give a specific example of both a positive and a negative interaction you had with a member of the public.
2. Have you ever worked at a job that you believe is similar to this position? If so, describe how was it similar? Did you write reports or documentation as part of this job? If yes, please provide examples.
3. What do you believe the Transit Security Officer position has to offer you?
4. How do you think other people perceive you?
5. Give a specific example of an event in your life where you demonstrated honesty and/or integrity.
6. This job requires working a rotational shift that includes weekends, holidays, nights and is subject to call-outs. Are you able and willing to meet this requirement? Please circle.

Yes No



PIERCE TRANSIT DEPARTMENT OF PUBLIC SAFETY

Background Waiver & Authorization to Release Information

To Whom It May Concern:

I authorize you to furnish the Pierce Transit Department of Public Safety with any and all information that you have concerning me, my work record, my reputation, my medical records, my education, my psychological testing analysis and recommendation, my background investigation file, which includes a consumer credit report, my military service record and my financial status. INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE MAY BE INCLUDED. Your reply will be used to assist the Department of Public Safety in determining my qualifications and fitness for the position I am seeking with the department.

I understand my rights under Title 5, United States Code, Section 552a; the Privacy Act of 1974; the Washington State Public Disclosure Act RCW Chapter 42.17; the Federal Trade Commission (FTC) under section 609 (3) of the Federal Fair Credit Reporting Act, as amended; and waive those rights with the understanding that information furnished will be used by the Pierce Transit Department of Public Safety in conjunction with employment procedures and will not be furnished to me. I understand and consent that the Pierce Transit Department of Public Safety may disseminate any and all information it receives to any local, state, or federal law enforcement agency to which I apply to become a member, am currently employed as such, subsequently employed as such, or which is conducting and official investigation of me for purposes of employment or for illegal activity.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested and agree to hold you and the Pierce Transit Department of Public Safety harmless and defend you in the event any claim, action, or judgment of any nature is brought against you arising out of your furnishing the information requested or arising out of information provided to other local, state, or federal law enforcement agencies by the Pierce Transit Department of Public Safety.

Applicant's Signature

Date

Print Name

ACKNOWLEDGMENT

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public in and for the State of Washington

Commission Expires

PIERCE TRANSIT DEPARTMENT OF PUBLIC SAFETY BACKGROUND STANDARDS

- ⚖ No Adult Felony Convictions;
- ⚖ No Adult Domestic Violence Statute Convictions;
- ⚖ No Misdemeanor Convictions within three (3) years;
- ⚖ Juvenile Convictions will be carefully reviewed;
- ⚖ No Pattern of Criminal Behavior.

I have reviewed, and understand the driving standards information below and do not exceed the six (6) point driving violation limit for the 36 months preceding the date of this application.

The following driving standards represent the maximum allowable violations of driving laws and must not exceed six (6) total points in the last 36 months.

Violation	Points	Violation	Points
▶ Denial of issuance of driver’s license	8	▶ Convictions of forfeitures (paid fines) for other moving violations not involving an accident	2
▶ Negligent homicide	8	▶ Reckless driving (involving an accident)	8
▶ Driving under the influence of alcohol or drugs	8	▶ Reckless driving (not involving an accident)	6
▶ Negligent driving (involving an accident)	4	▶ Speeding in excess of the posted limit:	
▶ Hit and run (attended)	8	▪ 0 – 14 over	2
▶ Hit and run (unattended)	6	▪ 15 – 19 over	3
▶ Driving while driver’s license suspended	4	▪ 20 – 25 over	6
▶ Convictions or forfeitures (paid fines) for other moving violations involving an accident	4	▪ Over 26	8

Note: Other driving offenses not listed here will be assessed point values on a case by case basis.

PROCESSING REQUIREMENTS OF THE POSITION

- **I am a US Citizen, as required by the RCW.**
- **I can read and write the English language so as to be easily understood, as required by the RCW.**
- **I have a high school diploma or GED.**
- **I possess or can obtain a valid Washington State driver’s license by the date of hire.**
- **I am able to provide proof of insurability.**
- **I am willing to undergo a thorough medical examination and psychological evaluation, if required.**
- **I am willing to undergo a polygraph examination.**
- **I am willing to undergo a pre-offer drug screening UA.**
- **I am able to perform, with or without reasonable accommodation, the essential functions of the position. (Please see “Essential Functions” section on announcement)**
- **I have not been removed for cause from an employment register for any position in the Pierce Transit Department of Public Safety during the past 12 months from the date of this application.**

Note: If you have committed illegal actions at any time, regardless of whether or not you were caught, you may be disqualified. If you have questions regarding this issue, you may contact the Pierce Transit Department of Public Safety.

*****THIS CERTIFICATION OF STANDARDS MUST BE ATTACHED TO APPLICATION PACKET*****

I have read and understand the standards and requirements of the position for which I am applying. I hereby certify, under the penalty of perjury in the State of Washington, that I meet and am willing to undergo all noted requirements of the position for which I am applying. I am aware that should investigation at any time disclose misrepresentation of falsification, my application may be rejected, my name removed from consideration or I may be discharged from employment with Pierce Transit. I understand that at my time of hire, I will be required to show documentation of US citizenship and authorization to work in the United States.

Print Name

Signature

Date

Applicant's Name:		Position:	
Question		Yes	No
1.	<p>Have you ever attended a Basic Law Enforcement or Fire Service Academy?</p> <p>If yes, provide the following information:</p> <p>Academy Name: _____ State: _____</p> <p>Dates: _____ to _____ Graduate?: _____</p>		
2.	<p>Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school?</p> <p>If yes, describe in detail on narrative page. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.</p>		
3.	Have you ever been evicted or asked to leave a residence?		
4.	Have you ever left a residence owing rent?		
5.	Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions).		
6.	Have ever you ever been fired, released from probation, or asked to resign from any place of employment?		
7.	Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?		
8.	Have you ever quit without giving proper notice?		
9.	Have you ever resigned in lieu of termination?		
10.	Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?		
11.	Were you ever the subject of a written complaint at work?		
12.	Have you ever been counseled at work due to lateness or absences?		
13.	Did you ever receive an unsatisfactory performance review?		
14.	Have you ever been named as a defendant in a previously adjudicated work-related civil lawsuit (regardless of outcome)?		
15.	Is there a work-related civil lawsuit pending in which you have been named as a defendant?		

Question	Yes	No
19. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? If yes, how often?		
20. Has your work performance ever been affected by your use of alcohol or drugs? WHEN? NAME OF EMPLOYER:		
21. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? WHEN? NAME OF EMPLOYER:		
22. Have you ever applied to any other law enforcement, fire service, or public safety-type agency (city, county, state or federal)?		
23. Are you required to register for the Selective Service? If yes, have you registered? If no, explain:		
24. (a) Have you ever served in the United States Military? Branch of Service: _____ When: _____		
24. (b) TYPE OF DISCHARGE: 0 Entry Level 0 Honorable 0 General 0 OTH (Other than Honorable) 0 Bad Conduct 0 Dishonorable _____ Re-entry Code (1–4) if applicable – refer to your DD-214:		
25. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard If checked, date obligation ends:		
26. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain’s mast, office hours, company punishment)?		
27. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded?		
28. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?		
29. Have any of your bills ever been turned over to a collection agency?		
31. Have your wages ever been garnished?		
32. Have you ever been delinquent on income or other tax payments?		

Question	Yes	No
43. Have you ever been a party in a non-work related civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.) as either a plaintiff or defendant?		
44. Have the police ever been called to your home for any reason?		
45. Have you or your spouse/partner ever been referred to Child Protective Services?		
46. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?		
47. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?		
48. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?		
49. Have you ever filed a false insurance or workers' compensation claim?		
<p>If you answered yes to any of Questions 41–49, explain (include court case or document, dates, and circumstances; indicate corresponding number):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<p>50. UNDETECTED ACTS – PART 1</p> <p>Within the past ten (10) years OR at any time after you were first employed in law enforcement or the fire service, have you ever committed any of the following misdemeanors?</p> <p>A) Annoying / obscene phone calls</p> <p>B) Battery (use of force or violence upon another)</p> <p>C) Brandishing a weapon (any type of weapon)</p> <p>D) Carrying a concealed weapon without a permit</p> <p>E) Contributing to the delinquency of a minor</p>	<p><u>YES</u></p>	<p><u>NO</u></p>

Questions 52 and 53 ask about your current and past recreational drug use. This covers the use of any drug, including the **unauthorized use** of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs:

- Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Glue
- Hallucinogens (Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Heroin / Opium
- Marijuana
- Mescaline
- Morphine
- PCP / Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

	YES	NO
<p>52. Within the past six months, have you used any drug(s) as indicated above?</p> <p>If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:</p> <hr/>		
<p>53. Prior to the past six months (check all that apply):</p> <p><input type="checkbox"/> I have never used any drug recreationally.</p> <p><input type="checkbox"/> I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.).</p> <p>If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.</p> <hr/>		
<p>54. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana (check all that apply)?</p> <p><input type="checkbox"/> Sold</p> <p><input type="checkbox"/> Manufactured</p> <p><input type="checkbox"/> Purchased</p> <p><input type="checkbox"/> Furnished</p> <p><input type="checkbox"/> Cultivated</p> <p><input type="checkbox"/> Carried or held for another</p>		

<p>If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.</p> <p>_____</p>		
<p>55. Has your driver's license ever been suspended or revoked?</p>		
<p>56. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)</p> <p><input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine</p> <p>If yes, explain (include when, where, and circumstances):</p> <p>_____</p>		
<p>56. Have you been involved as the driver in a motor vehicle accident/collision within the past ten years?</p> <p>If yes, give details.</p> <p>_____</p>		
<p>57. Have you ever driven a vehicle without auto insurance, as required by law?</p>		
<p>58. Have you ever been refused a permit to carry a concealed weapon?</p>		
<p>59. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?</p>		
<p>60. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?</p>		
<p>61. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?</p>		
<p>62. Have you ever hit or physically overpowered a spouse or romantic partner?</p>		
<p>If you answered YES to any of Questions 59-62, give details including dates and circumstances; indicate corresponding number.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

