

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
253-581-8000

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

NAME: _____

DRIVING INFORMATION

If the position requires the operation of a motor vehicle, please complete the following:

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? No ☐ Yes ☐

(If yes, please explain) _____

Have you had any moving violations within the last two years? No ☐ Yes ☐

FOR HR USE ONLY

TEST
FIRST
FINAL
PHYS
START

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME & LOCATION	MAJOR SUBJECT	NUMBER OF YEARS COMPLETED					GRADUATE/DEGREE	DATES ATTENDED
HIGH SCHOOL			9	10	11	12	GED		
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

RELATED PROFESSIONAL MEMBERSHIPS, LICENSES, CERTIFICATES OR AWARDS	DATE ISSUED	EXPIRATION DATE

OTHER SKILLS

COMPUTER SKILLS (SOFTWARE, EQUIPMENT, ETC.):

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

OTHER SKILLS/EQUIPMENT/TOOLS:

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:		

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:		

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:		

EMPLOYER: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ NAME/TITLE OF SUPERVISOR: _____ PHONE: _____ SALARY: _____ HOURS PER WEEK: _____ REASON FOR LEAVING: _____ JOB DUTIES: _____	POSITION: _____ DATES EMPLOYED: FROM _____ TO _____ <div style="text-align: center; font-size: small;">(MM/YY) (MM/YY)</div> NO. OF EMPLOYEES SUPERVISED: _____
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EMPLOYER: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ NAME/TITLE OF SUPERVISOR: _____ PHONE: _____ SALARY: _____ HOURS PER WEEK: _____ REASON FOR LEAVING: _____ JOB DUTIES: _____	POSITION: _____ DATES EMPLOYED: FROM _____ TO _____ <div style="text-align: center; font-size: small;">(MM/YY) (MM/YY)</div> NO. OF EMPLOYEES SUPERVISED: _____
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EMPLOYER: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ NAME/TITLE OF SUPERVISOR: _____ PHONE: _____ SALARY: _____ HOURS PER WEEK: _____ REASON FOR LEAVING: _____ JOB DUTIES: _____	POSITION: _____ DATES EMPLOYED: FROM _____ TO _____ <div style="text-align: center; font-size: small;">(MM/YY) (MM/YY)</div> NO. OF EMPLOYEES SUPERVISED: _____
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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

Pierce Transit is an equal opportunity/affirmative action employer committed to diversity in the workplace. As a federal grantee, we are required to collect the following information for statistical reporting purposes. Any information you provide is voluntary and will not be used in making employment decisions. The information is kept confidential and separate from your employment application. Pierce Transit strongly encourages you to provide this information and appreciates your cooperation and assistance in ensuring the diversity of the workforce is accurately reflected.

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) _____

SEX

- 1 _____ MALE
- 2 _____ FEMALE

DISABLED

- 1 _____ YES
- 2 _____ NO

HOW DID YOU HEAR ABOUT THIS POSITION?

Please be specific.

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

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