

APPLICATION FOR EMPLOYMENT

Treasure Valley Transit
1136 W. Finch Dr.
Nampa, ID 83651
Phone: (208) 463-9111
Fax: (208) 465-1803

(answer all questions – please print)

Treasure Valley Transit is an equal opportunity employer. Qualified applicants will not be discriminated against in regard to race, color, religion, sex, national origin, age, marital status, non job related disability, or any other protected group status.

Date of Applications: _____

Position(s) Applied for _____

Name _____ Social Security No. _____

Last First Middle

Current Address _____

Street City

Phone _____ How Long? _____

State Zip Code yr./mo.

Previous _____ How Long? _____

Street City State Zip yr./mo.

Addresses _____ How Long? _____

Street City State Zip yr./mo.

_____ How Long? _____

Street City State Zip yr./mo.

Are you seeking FULL TIME or PART TIME work? Circle one or both.

Do you have the legal right to work in the United States? Yes No Unsure

Have you worked for Treasure Valley Transit before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position: _____

Reason for leaving _____

Are you currently employed? Yes No If not, how long since leaving last employment? _____

Have you ever been convicted of a felony? No Yes → If YES: Conviction of a crime is not an automatic bar to employment – all circumstances will be considered. Please attach a separate sheet of paper explaining your conviction.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? No Yes → If yes, please explain _____

EMPLOYMENT HISTORY

EMPLOYER		DATES	
Name	From Mo Yr		From Mo Yr
Address		Position Held	
City	State	Zip	
Contact Person	Phone Number		
		Former Employer Fax #:	
Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for Leaving:	
EMPLOYER		DATES	
Name	From Mo Yr		From Mo Yr
Address		Position Held	
City	State	Zip	
Contact Person	Phone Number		
		Former Employer Fax #:	
Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for Leaving:	
EMPLOYER		DATES	
Name	From Mo Yr		From Mo Yr
Address		Position Held	
City	State	Zip	
Contact Person	Phone Number		
		Former Employer Fax #:	
Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for Leaving:	
EMPLOYER		DATES	
Name	From Mo Yr		From Mo Yr
Address		Position Held	
City	State	Zip	
Contact Person	Phone Number		
		Former Employer Fax #:	
Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for Leaving:	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY / STATE)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	CLASS & ENDORSEMENTS	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? No Yes

B. Has any license, permit or privilege ever been suspended or revoked? No Yes

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM DATE	TO DATE	APROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A TRANSIT DRIVER: _____

EXPERIENCE AND QUALIFICATIONS – OTHER

LIST ANY DRIVING OR OTHER EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of 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 a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries 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.

_____ Date

_____ Applicant's Signature

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						