

# 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	
		<b>Former Employer Fax #:</b>	
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	
		<b>Former Employer Fax #:</b>	
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	
		<b>Former Employer Fax #:</b>	
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	
		<b>Former Employer Fax #:</b>	
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**

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

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

<b>LOCATION</b>	<b>DATE</b>	<b>CHARGE</b>	<b>PENALTY</b>

(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**

<b>DRIVER LICENSES</b>	<b>STATE</b>	<b>LICENSE NO.</b>	<b>CLASS &amp; ENDORSEMENTS</b>	<b>EXPIRATION DATE</b>

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						