

# Application for Employment

## CDL Driver

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 regards to race, color, religion, sex, national origin, age, marital status, non-job related disability, gender identity, sexual orientation or any other protected group status.

Date of Application:

Position(s) Applied for:

Name:

Current Address:

*Street* *City* *State* *Zip*

How Long?

Previous

Addresses:

*Street* *City* *State* *Zip*

How Long?

*Street* *City* *State* *Zip*

How Long?

Phone:

What type of work?

FULL TIME

PART TIME

Check one or both.

Do you have the legal authorization 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 your last employment?

Candidates are required to submit and pass a background check.

<b>Employer</b>				<b>Dates</b>	
Name:			From:	To:	
Address:			Position Held:		
City:	State:	Zip:	Salary/Wage:		
Contact Person:		Phone #:		Employer Fax #:	
Did you drive a vehicle requiring a CDL?			es	o	
<b>Employer</b>				<b>Dates</b>	
Name:			From:	To:	
Address:			Position Held:		
City:	State:	Zip:	Salary/Wage:		
Contact Person:		Phone #:		Employer Fax #:	
Did you drive a vehicle requiring a CDL?			es	o	
<b>Employer</b>				<b>Dates</b>	
Name:			From:	To:	
Address:			Position Held:		
City:	State:	Zip:	Salary/Wage:		
Contact Person:		Phone #:		Employer Fax #:	
Did you drive a vehicle requiring a CDL?			es	o	
<b>Employer</b>				<b>Dates</b>	
Name:			From:	To:	
Address:			Position Held:		
City:	State:	Zip:	Salary/Wage:		
Contact Person:		Phone #:		Employer Fax #:	
Did you drive a vehicle requiring a CDL?			es	o	

Accident record for the past 3 years or more (attach sheet if more space is needed) If none, write none.

<b>Dates</b>	<b>Nature of Accident</b> (Head-on, Rear-end, Upset, etc.)	<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

highest grade completed:    1    2    3    4

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

If the answer to either A or B is Yes, please give details:

## Driving Experience

Class of Equipment	Type of equipment (Wan, Tank, Flat, Etc.)	From Date	To Date	Approx. # of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Motorcoach – School Bus				
Other				

List States operated in for the 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