

APPLICATION OF EMPLOYMENT

Jefferson Transit Authority
63 4 Corners Road
Port Townsend, WA 98368
(360) 385-3020 Ext. 119



Jefferson Transit is an Equal Employment Opportunity Employer

It is the policy of Jefferson Transit to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

The policy is available upon request or on Jefferson Transit's the web site.

Jefferson Transit is committed to providing access and reasonable accommodation in its services, programs, activities, and employment for individuals with disabilities. To request disability accommodation in the hiring process, contact us at least ten days in advance.

Contact: Deb Palmer, EEO Officer for accommodation, information or copy of the policy.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Current Address _____

Street and Apt. # _____ City _____ State _____ Zip Code _____

Permanent Address (if different from above):

Street and Apt. # _____ City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Driver's License # _____ State _____

Do you have a Commercial Driver's License (CDL)? Yes No

If you answered yes, please list your endorsements: _____

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis: Yes No

If applicable, please list your visa type, visa number and expiration: _____

Have you ever served in the U.S. Military? Yes No

If yes, please provide the following information:

Branch of Service: _____ Rank at time of separation: _____

I served from _____ to _____.

Special Honors: _____

EMPLOYMENT HISTORY

You must report all previous employment for the past ten years

Present or Most Recent Employer

Employer: _____ Address: _____
Phone: _____ City/State: _____
Your Position: _____ Dates of Employment: _____ to _____
Reason for Leaving: _____ May we contact? Yes No
Supervisory Responsibility? Yes No If yes, the number of employees supervised: _____
Supervisor: _____ Phone: _____
Name Title
Duties: _____

Present or Most Recent Employer

Employer: _____ Address: _____
Phone: _____ City/State: _____
Your Position: _____ Dates of Employment: _____ to _____
Reason for Leaving: _____ May we contact? Yes No
Supervisory Responsibility? Yes No If yes, the number of employees supervised: _____
Supervisor: _____ Phone: _____
Name Title
Duties: _____

Present or Most Recent Employer

Employer: _____ Address: _____
Phone: _____ City/State: _____
Your Position: _____ Dates of Employment: _____ to _____
Reason for Leaving: _____ May we contact? Yes No
Supervisory Responsibility? Yes No If yes, the number of employees supervised: _____
Supervisor: _____ Phone: _____
Name Title
Duties: _____

You must report all previous employment for the past ten years

Attach additional sheets if needed.

EMPLOYMENT HISTORY-continued

Present or Most Recent Employer

Employer: _____ Address: _____
Phone: _____ City/State: _____
Your Position: _____ Dates of Employment: _____ to _____
Reason for Leaving: _____ May we contact? Yes No
Supervisory Responsibility? Yes No If yes, the number of employees supervised: _____
Supervisor: _____ Phone: _____
Name Title
Duties: _____

Present or Most Recent Employer

Employer: _____ Address: _____
Phone: _____ City/State: _____
Your Position: _____ Dates of Employment: _____ to _____
Reason for Leaving: _____ May we contact? Yes No
Supervisory Responsibility? Yes No If yes, the number of employees supervised: _____
Supervisor: _____ Phone: _____
Name Title
Duties: _____

You must report all previous employment for the past ten years

Do you have any gaps in your employment in the last ten years?
 Yes No If so, please explain:

EDUCATION

High School

Name and Location

Did you graduate? Yes No

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Location

Did you graduate? Yes No Attended from _____ to _____

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Location

Did you graduate? Yes No Attended from _____ to _____

Degree: _____ Major: _____

Special honors or awards: _____

POSITION INFORMATION

Position Specifications

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

When would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other:

I hereby certify that my answers and assertions set forth in this application and supplemental questions are true and complete to the best of my knowledge. I understand that any misrepresentation or material omission of fact on this or any other document required by Jefferson Transit on this application may constitute grounds for rejection, or if employed by Jefferson Transit, for disciplinary measure, including dismissal.

I hereby authorize Jefferson Transit to investigate any aspect of my prior educational and employment history and criminal record.

Furthermore I understand that if I am hired, employment with Jefferson Transit is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law. (Non-represented positions only.)

I also acknowledge that if the position which I am applying includes duties requiring a valid driver's license with a good record. I will be asked to provide a record, at my expense, if my application is advanced in the review and screening process.

I also acknowledge that Jefferson Transit is a Drug Free workplace and that any offer of employment is contingent upon submitting to a pre-employment drug and alcohol test. In addition, if the job I am applying for is safety sensitive, I acknowledge that I may be selected for random drug and alcohol testing in accordance with all applicable FTA regulations.

Signature: _____ **Date** _____

Jefferson Transit complies with the Employee Polygraph Protection Act.

An employee or prospective employee must be given a written notice explaining the employee's or prospective employee's rights and the limitations imposed, such as prohibited areas of questioning and restriction on the use of test results. Among other rights, an employee or prospective employee may refuse to take a test, terminate a test at any time, or decline to take a test if he/she suffers from a medical condition. The results of a test alone cannot be disclosed to anyone other than the employer or employee/prospective employee without their consent or, pursuant to court order, to a court, government agency, arbitrator or mediator.

Do not write below, for office use only:
Date & Time Received: _____



FACILITIES MAINTENANCE WORKER SUPPLEMENTAL QUESTIONNAIRE

Name _____

Answer the following questions, using as many pages as you need, and include it/them with your application materials. Be sure your name is on each page.

1. What about this job appeals to you?

2. Describe your experience maintaining buildings and grounds.

3. Do you have experience specifically in construction, electrical, plumbing and/or concrete?

Yes No If yes, please briefly describe each element you have experience with:

4. What is your work experience providing customer service and/or public relations?

~continued on next page~

Facilities Maintenance Worker
Supplemental Questions

Name: _____

5. Do you have experience working with computers?

Yes No If yes, please briefly describe:

6. Do you have experience applying for permits with a city and/or county?

Yes No If yes, please briefly describe:

7. Do you have work experience reviewing and complying with OSHA and/or EPA regulations?

Yes No If yes, please briefly describe:

8. Please provide us with additional skills, training and/or abilities relevant this job:

I certify that the statements made by me on the application and supplemental questions are, to the best of my knowledge, true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by Jefferson Transit may constitute grounds for rejection, or if employed by Jefferson Transit, for disciplinary measures, including dismissal.

_____ / _____

Signature

Date Signed



63 Four Corners Road, Port Townsend, WA 98368

The information requested below will be used for statistical purposes only as required by the Equal Opportunity laws and regulations. The information requested is voluntary and confidential.

Thank you for helping evaluate the effectiveness of our equal opportunity effort.

Name _____

Position Applied For _____

- Ethnicity**
- HISPANIC or LATINO
 - BLACK or AFRICAN AMERICAN
 - ASIAN AMERICAN
 - NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
 - AMERICAN INDIAN or ALASKA NATIVE
 - WHITE
 - MULTIRACIAL
 - I DO NOT WISH TO SELF-IDENTIFY

Sex: Female Male I do not wish to self-identify

Are you disabled? Yes No

Are you a veteran? Yes No Are you a disabled veteran? Yes No

How did you learn about this position? Please identify source:

- Newspaper (specify) _____
- Internet website (specify) _____
- Referral/Friend/Relative (specify) _____
- Worksource Website or Office (specify) _____
- Radio Advertisement (specify) _____
- Walk-in _____
- Other specify) _____

Customer Service (360) 385-4777

Administrative Offices (360) 385-3020

www.jeffersontransit.com