

EMPLOYMENT APPLICATION

The Bloomington Public Transportation Corporation

> www.bloomingtontransit.com 130 West Grimes Lane Bloomington, Indiana 47403 (812) 332-5688

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation, gender identity, number of dependents, housing status, or any other legally protected status. Reasonable accommodations for people with disabilities are available upon request from Human Resources.

If you need help filling out this application form or for any phase of the employment process, please notify Human Resources. Please PRINT clearly. Incomplete or illegible applications will not be processed.

POSITION YOU ARE APPLYING (BE SPECIFIC): TODAY'S DATE:

CONTACT INFORMATION

NAME		
(Last)	(First)	(Middle)
Social Security:		
Address:		
City:	State:	Zip Code:
Telephone: ()		
Referred by:		
Date you can start:	Sal	ary desired:

If hired, would you have a reliable means of transportation to and from work? Yes No Are you age 21 or older? Yes No Are you available for work on nights and weekends? Yes No Would you be able to work overtime, if necessary? Yes No

Have you ever been terminated or asked to resign from a job? Yes No (Answering yes to this question will not necessarily disqualify an applicant from employment)

Please explain:

Do you have any other experience, training, qualifications, or skills that make you especially suited for work at Bloomington Transit? Yes No List below:

Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status? Yes No (Proof of eligibility to work in the U.S will be required upon employment)

Have you ever, under your name or	anothe	r name,	been arrested for or <i>convicted</i> of a crim	ne that
has not been expunged by a court?	Yes	No	Please elaborate:	

If yes, please explain each conviction fully, when, where and of what you were convicted and the disposition of the case(s):

Are you currently charged with a crime, or released on bond or on your own recognizance, pending trial for a criminal offense? Yes No Please elaborate:

A current charge or conviction will not necessarily disqualify an applicant from employment.

Do you have a driver's license? Yes No If yes, what state?

Do you have a valid CDL? Yes No Type: _____

What is your driver's license number?

Is your driver's license currently suspended?

Has your driver's license *ever* been suspended?

List any moving violations within the past three years:

Have you ever been convicted for driving under the influence (DUI)? Yes No

In the past two years have you refused or had a positive, adulterated or substituted test result on a DOT drug screen? Yes No

In the past two years have you refused or had a positive, adulterated or substituted test result on a DOT pre-employment drug screen? Yes No

Are you able to perform the essential functions of the job for which you are applying without reasonable accommodations? Yes No

EDUCATION

 Are you a High School Graduate? Yes No

 Name of High School ______

 Date and location of your GED certificate ______

 Name of College you attended _______

 Did you graduate? Yes No

 Major and Type of Degree ______

Trade/Business/Correspondence Schools

Name_____

Types of Degrees _____

May we inquire of your present employer? Yes No

Have you applied to this office before? Yes No When?

FORMER EMPLOYERS Please list all present and past employment for the last 10 years.

As part of the application process and consistent with the job described, we may seek information related to your character, work habits, performance, experience, driving records, court records, education, and credentials. The correct telephone numbers of past employers are critical. Please complete this section even if you are attaching a resume.

CURRENT OR MOST RECENT EMPLO	YER		
Name:			
Address:			
Address: to: to:		Telephone No.	-
Your Supervisor's Name:			-
Ending salary or wage:			_
Your position and duties:			
-			
Exact reason for leaving Did you leave this employment voluntarily?			
Did you leave this employment voluntarily?	Yes	No	
SECOND MOST RECENT EMPLOYER			
Name:			
Address:			-
Dates of employment: to:		Telephone No	_
Your Supervisor's Name:			_
Ending salary or wage:			
Your position and duties:			
Exact reason for leaving			
Did you leave this employment voluntarily?	Yes	No	
THIRD MOST RECENT EMPLOYER			
Name:			
Address:			-
Dates of employment: to:		Telephone No	_
Your Supervisor's Name:			_
Ending salary or wage:			
Your position and duties:			
Exact reason for leaving			
Did you leave this employment voluntarily?	Ves	No	
FOURTH MOST RECENT EMPLOYER		110	
Name:			
Address: to: to:		Telephone No	-
Vour Supervisor's Name:			-
Your Supervisor's Name: Ending salary or wage:			_
Your position and duties:			
Tour position and duties.			
Exact reason for leaving			
Did you leave this employment voluntarily?	Yes	No	
FIFTH MOST RECENT EMPLOYER			
Name:			
Address: Dates of employment:	to:	Telephone No	<u> </u>
Vour Sur orgigor's Normal	io		
Your Supervisor's Name:			<u> </u>
Ending salary or wage:			
Your position and duties:			

Exact reason for leaving		
Did you leave this employment voluntarily?	Yes	No
SIXTH MOST RECENT EMPLOYER		
Name:		
Address:		
Dates of employment: to:		Telephone No
Your Supervisor's Name:		
Ending salary or wage:		
Your position and duties:		
Exact reason for leaving		
Did you leave this employment voluntarily?	Yes	No
SEVENTH MOST RECENT EMPLOYER		
Name:		
Address:		
Dates of employment: to:		Telephone No
Your Supervisor's Name:		
Ending salary or wage:		
Your position and duties:		
Exact reason for leaving		
Did you leave this employment voluntarily?	Yes	No
EIGHTH MOST RECENT EMPLOYER		
Name:		
Address:		
Dates of employment: to:		
Your Supervisor's Name:		
Ending salary or wage:		
Your position and duties:		
Exact reason for leaving		
Did you leave this employment voluntarily?	Yes	No

UNEMPLOYMENT HISTORY: Please list any time(s) you were not employed (after leaving school) in the last 10 years. You do not need to include periods of one month or less.

Time Period

Reason Unemployed

REFERENCES:

List three person not related to you, whom you have known at least one year, and who are familiar with your professional reputation/work performance.

1.	Name				
	Address				
	Business)		
	# Years acquainted	_			
2.	Name				
	Address				
	Business	Phone ()		
	# Years acquainted	_			
3.	Name				
	Address				
	Business	Phone ()		
	# Years acquainted	_			

In case of emergency notify:

BLOOMINGTON PUBLIC TRANSPORTATION CORPORATION BACKGROUND CHECK AUTHORIZATION

I hereby authorize Bloomington Public Transportation Corporation to conduct criminal background checks to determine my eligibility for employment or continued employment.

I understand that the Bloomington Public Transportation Corporation is asking for my date of birth, previous names and previous addresses only to conduct background checks and for no other reason.

By signing below, I hereby authorize the Bloomington Public Transportation Corporation to conduct background checks on me. I hereby release the Bloomington Public Transportation Corporation from any liability related to the procurement and/or disclosure of any information provided by me or obtained about me in connection with my application for employment with the Bloomington Public Transportation Corporation. I understand that any information gathered as a result of background checks will be kept confidential. I make this waiver knowingly and voluntarily.

Applicant's Signature:	Date:
Printed Name:	
Other Names Used (if applicable):	
Date of Birth:	Social Security Number:
Current Address:	
(Include city, state and zip code)	
Date: to:	
Previous Address:	
(Include city, state and zip code)	
Date: to:	
Previous Address:	
(Include city, state and zip code)	
Date: to:	
Previous Address:	
(Include city, state and zip code)	
Date: to:	
Previous Address:	
(Include city, state and zip code)	

Date: ______ to: _____