



Application for Employment

Name:

1401 South Dort Highway
Flint, Michigan 48503

MASS TRANSPORTATION AUTHORITY
1401 South Dort Highway
Flint, Michigan 48503

Date of Application

Month / Day / Year

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of non-job related medical condition or disability, or any other legally protected status.

PLEASE PRINT ALL INFORMATION REQUESTED

Date Available to Begin Work:

Month / Day / Year

PERSONAL

Last Name

First

Middle

Home Address

Telephone Number(s)

Number and Street

Home_____

City

State

Zip

Mobile_____

This application will be kept on file for six (6) months from the date of application.

POSITION

Position Applied For: (If available, attach your resume to this form)

- _____ Bus Operator
- _____ Your Ride Operator
- _____ Bus Mechanic
- _____ General Labor (janitor, general maintenance technician)
- _____ Management
- _____ Other (specify) _____

Are you applying for:

- _____ Full-time work
- _____ Temporary work
- _____ Part-time work
- _____ Substitute / Casual work

Can you perform all of the functions of the job, with or without an accommodation, for which you have applied? Yes _____ No _____

Would you be available to work any day of the week, on the weekends and evenings?

Yes _____ No _____

Have you previously been employed by MTA, or by a local unit of government in this county?

Yes _____ No _____

If yes, please specify:

With whom were you employed? _____

Job Title: _____

Dates of that employment from _____ to _____

Do you have any relatives currently employed by MTA?

Yes _____ No _____

If yes, Name _____

Position _____

Salary expectations? _____

EDUCATION

HIGH SCHOOL	City / State	Diploma Yes ____ No ____
VOCATIONAL SCHOOL	City / State	Major or Degree
COLLEGE	City / State	Degree & Major Field
GRADUATE SCHOOL	City / State	Degree & Major Field
SPECIALIZED TRAINING	City / State	Fields

Have you had experience with or training in the following areas? If so, explain below.

- _____ CPR
- _____ First Aid
- _____ Defensive Driving
- _____ Safety
- _____ Disabled Persons
- _____ Elderly
- _____ Children Groups
- _____ Vehicle Repair
- _____ Management
- _____ Computers
- _____ Other (specify) _____

Details of above: _____

Are you engaged in or planning any further education, training or study?

Yes ____ No ____

If yes, briefly explain: _____

WORK EXPERIENCE

List below your past three employers, starting with your present or last job.

EMPLOYER:	Dates Employed		WORK PERFORMED
Name	From	To	
Address			
City	Hourly Rate / Salary		
State Zip			
Telephone Number(s)	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

EMPLOYER:	Dates Employed		WORK PERFORMED
Name	From	To	
Address			
City	Hourly Rate / Salary		
State Zip			
Telephone Number(s)	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

EMPLOYER:	Dates Employed		WORK PERFORMED
Name	From	To	
Address			
City	Hourly Rate / Salary		
State Zip			
Telephone Number(s)	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

LICENSE

Do you presently have a valid Michigan Driver's License? Yes _____ No _____

If yes, indicate your license number _____

When does your driver's license expire _____

month day year

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

Circle those applicable:

Group - A, B C

Endorsement - P X T N

Type C O

How many moving violation points do you currently have against your driver's license? _____

Do you currently have any restrictions on your driver's license? Yes _____ No _____

If yes, explain: _____

Has your driver's license ever been restricted, revoked, or suspended: Yes _____ No _____

If yes, explain: _____

DRIVING EXPERIENCE

Have you operated any of the following types of vehicles?

	Dates: from - to	For whom?
_____ Transit Bus	_____	_____
_____ Para Transit Van	_____	_____
_____ School Bus	_____	_____
_____ Wrecker	_____	_____
_____ Truck	_____	_____
_____ Private Carrier Bus	_____	_____
_____ Tractor - Trailer	_____	_____
_____ Forklift	_____	_____
_____ Other	_____	_____

SPECIALIZED DRIVING EXPERIENCE

Have you ever operated a vehicle used to transport disabled people and/or senior citizens?

Yes _____ No _____

If yes, did you receive any specialized training for this work?

Yes _____ No _____ If yes, briefly describe the training you received.

Do you have experience operating a hydraulic lift on a transit vehicle? Yes _____ No _____

Have you received any passenger sensitivity training? Yes _____ No _____

ACCIDENT HISTORY

How many accidents have you been involved in, regardless of severity? _____

List ALL accidents you have been involved in within the past five (5) years, beginning with the most recent first.			
Date	City & State	Brief Description of Accident	Were You Cited?

TRAFFIC VIOLATIONS

List ALL traffic violations, other than parking, for which you have been cited during the past five (5) years, beginning with the most recent first.				
Date of Violation	Infraction / Offense	City & State	Date of Conviction	Disposition & Fine

GENERAL INFORMATION

Do you have experience working in a job where your attendance and punctuality were critical expectations? Yes _____ No _____

If yes, how would you describe your work history when it comes to your attendance and punctuality? _____

Have you ever been convicted of a felony crime or a misdemeanor?

Yes _____ No _____ If yes, provide the following information:

Date	Nature of Offense	City & State	Penalty/Fine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you presently have any felony or misdemeanor charges pending against you?

Yes _____ No _____ If yes, explain _____

EMPLOYMENT REFERENCES

List below the names of three persons whom you have known for at least one year.
Do NOT include relatives.

Full Name	Address	City	State
Area Code - Telephone	Employed by	Occupation	

Full Name	Address	City	State
Area Code - Telephone	Employed by	Occupation	

Full Name	Address	City	State
Area Code - Telephone	Employed by	Occupation	

APPLICANT'S STATEMENT

Please Sign and Date the Following Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment, as may be necessary, in arriving at an employment decision.

If offered employment, I consent to take a complete medical examination, and such future medical examinations as may be required, including, but not limited to, drug testing.

If hired, in consideration of my employment, I agree to abide by the rules and policies of the employer. I further agree that my employment and all compensation can be terminated with or without cause, and with or without prior notice at any time, at the option of either the employer or myself. I understand that no agent or representative of the employer has any authority to make any agreement contrary to the foregoing, except by written employment contract signed by the Mass Transportation Authority.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge.

Signature of Applicant

Date

EEOC – Employee Questionnaire for Self-Identification of Race/Ethnicity

ANTI-DISCRIMINATION NOTICE

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge an individual, or otherwise to discriminate against an individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex or national origin.

The Mass Transportation Authority is subject to certain nondiscrimination and affirmative action record keeping and reporting requirements requiring it to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those that require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the Federal Government requires the Mass Transportation Authority to determine this information by visual survey and/or other available information.

Name: _____ Date: _____

Position Applied for: _____

Two questions follow. The first is about your ethnicity and the second about your race. You are to answer both questions. In answering the second question, you may select one or more races.

Question 1 – Ethnicity

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

Question 2 – Race

What is your race? Select one or more of the following five race categories.

- White** - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North and South America, including Central America, and who maintains cultural identification through tribal affiliation or community recognition
- Black or African American** - All persons having origins in any of the Black racial groups of Africa
- Asian** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Native Hawaiian or Other Pacific Islander** – All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Other** (Specify) _____
- I have received this form and choose not to disclose my EEOC information.



Employee Referral Program

Drivers - Mechanics

Name of Referral (Applicant): _____

Name of MTA Employee who referred you: _____

Date: _____

Thank you.
Human Resources



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