



**METRO**

## Employment Application

1. An incomplete application will be considered invalid.
2. Please type or print all answers in ink.
3. Applicant(s) for employment will not be discriminated against because of race, color, creed, national origin, religion, ancestry, sex, veteran status, marital status, age, mental or physical disability.

Today's Date \_\_\_\_\_ Position Desired \_\_\_\_\_

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1. Name \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip Code

3. Telephone Number – Home \_\_\_\_\_ Business \_\_\_\_\_  
Area Code & Number Area Code & Number

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4. Have you previously applied for a position at Metro? Yes No

If Yes: Month and Year \_\_\_\_\_

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5. Have you ever worked for Metro? Yes No

If Yes: Starting date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Final date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position held \_\_\_\_\_ Department \_\_\_\_\_

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6. Who referred you to us? (Check one)

Metro Employee Agency Newspaper Radio Other

7. Are you authorized to work in the U.S.? Yes No

8. Are you age 18 or older? Yes No

Coach Operator Applicants: Are you age 21 or older? Yes No

9. Have you ever been convicted of a felony, misdemeanor, or placed on probation by a court? Yes No

If yes, explain \_\_\_\_\_

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## EMPLOYMENT HISTORY

THIS SECTION MUST BE FILLED OUT. An attached resume will NOT be accepted in lieu of completing this application. Begin with your present or most recent employer and work backwards listing all positions held, including military service for the past ten years, including periods of unemployment. Include name(s) used if other than indicated on application. If additional space is needed, please use a separate sheet of paper.

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10. Current or Last Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Area Code & Number Month Year Month Year

Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

May we contact Yes No Telephone Number \_\_\_\_\_  
Area Code & Number

Description of duties, responsibilities, and equipment operated: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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11. Current or Last Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Area Code & Number Month Year Month Year

Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

May we contact Yes No Telephone Number \_\_\_\_\_  
Area Code & Number

Description of duties, responsibilities, and equipment operated: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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12. Current or Last Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Area Code & Number Month Year Month Year

Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

May we contact Yes No Telephone Number \_\_\_\_\_  
Area Code & Number

Description of duties, responsibilities, and equipment operated: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

13. Office Skills - Applicants who have experience in the following skills should complete this section:

Software	Yes	No	Years of Experience	Other Skills	Yes	No	Years of Experience
Word Processing				Typing			
Spreadsheets							
Other:							
MECHANICAL Type of Experience	Months		Type of Experience		Certificate		
Line Maintenance							
Engine Overhaul IC-Diesel							
Electronics							
Accessories							
Machine Shop							
Automotive							
Other							

14. Service, Maintenance and Transportation Applicants—List all citations and convictions for violation of any motor laws within the past 36 months:

Violation	Date	Location	Disposition	Points

15. Have you ever been discharged by an employer because of an accident? Yes No  
 If so, when, by whom and give details of accident \_\_\_\_\_
16. Has your license ever been revoked/suspended? Yes No  
 If so, where and when \_\_\_\_\_
17. Have you ever been denied a license in any state? Yes No  
 If so, where and when \_\_\_\_\_

Full CDL (class B with Passenger Endorsement) certification must be obtained prior to completion of training period for positions requiring a CDL license

	Yes	No	Number	Exp. Date
CDL (Class A or B)				
Passenger Endorsement				
Temporary CDL				
Temporary Passenger Endorsement				
Have you passed the written test to obtain your CDL or Endorsement?				

18. EDUCATION (Metro may verify)

	Graduated Yes No	Name, City, State & Telephone Number	Type of Degree or Diploma or Number of Credits Earned	Course of Study Major	Course of Study Minor
High School Diploma					
GED					
College					
Other					

  

Other Relevant Courses and Training	Name and Location of Institute	Length of Course	Dates Attended

  

Professional License or Certificate, if Required	Serial No.	Date Issued	Expiration Date

Applicant Agreement of Understanding:

1. I, undersigned, hereby certify that all information given by me on this application is true to the best of my knowledge.
2. I authorize SORTA/Metro (hereinafter referred to as "the Authority") to verify such information and to contact any business and/or personal reference(s) named by me.
3. I hereby release such persons contacted in #2 from any liability for supplying such information.
4. I will submit to post offer medical examination administered by a medical provider appointed by the Authority. I understand that this examination will include a mandatory Urine Drug Screen (UDS).
5. I understand that upon investigation, any willful misrepresentation and/or falsification of any information provided by me will result in the rejection of my application for employment with the Authority or could result in termination of my employment if discovered after I am hired.
6. I understand if hired, my employment is at-will, which means that either my employer or I can end the employment relationship at any time with or without cause.
7. I understand that this application will remain active for no more than six (6) months from the date of application. After six (6) months, completion of a new application is required.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date