

# Transit Management of Wilmington

Contract Management Company for



## Application for Employment

Safety Sensitive Positions\*

**Note to Applicant: Please advise us in advance if you require an accommodation to complete this application.**

Transit Management of Wilmington, is an Equal Employment Opportunity employer. Transit Management of Wilmington does not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

As a matter of policy and for the safety of the communities we serve, Transit Management of Wilmington consistently applies background checking standards to all applicants. It is essential that all information requested, including educational background, work, and residential history, be complete and accurate.

**Instructions:** Please type or print in black or blue ink. Answer all questions, checking all boxes that apply. Answer "none" on questions that do not apply. Additional forms are available for each section if needed.

GENERAL INFORMATION					
What position are you applying for				Date of Application:	
Last Name		First		Middle	
Present Address: Street			City	County	State Zip
					From (mo/ yr)
Date of Birth: required by FMCSR Part 391.21 (b) (2) / /			Email address:		If hired, can you present evidence of your legal right to work in the US? Yes No
Social Security #: required by FMCSR Part 391.21(b) (2) -- --			Telephone Number and Area Code: Primary ( ) Secondary ( )		
List any other names that you have used in the past 7 years					
Name Used		City	County	State	From / To
List all addresses for the past 7 years					
Street		City	County	State	From (mo/yr) To (mo/yr)
EDUCATIONAL BACKGROUND					
Name and city/state of school or college		Circle highest grade completed	Did you graduate?	What was your degree and major?	
High School and/or G.E.D.		9 10 11 12	Yes No		
College		1 2 3 4	Yes No	Degree/Major?	
Trade, Business, Correspondence or Graduate School			Yes No	Degree/Certification?	
List any other training or educational programs of note:					
List any extracurricular activities and school offices to note:					

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LICENSE INFORMATION			
State	License #	Type	Expiration Date
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?			Yes/No
B. Has any license, permit privilege ever been suspended or revoked?			Yes/No
C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulations?			Yes/No
D. Have you in the past three (3) years failed or refused a DOT-mandated pre-employment test(s)?			Yes/No
If "YES" to any of the above, explain:			
How many years of driving experience do you have?		<input type="checkbox"/> Less than 3 years	<input type="checkbox"/> 3 years or more
*Dispatchers, Drivers/ Operators, Maintenance/ Technicians, Location Management/ Supervisors and Utility Personnel			

EMPLOYMENT INFORMATION			
Employer name:		Dates employed (mo/yr):	Salary / pay rate:
		From: / /	To: / /
		Beginning:	Ending:
Employer address:		Employer phone #:	Supervisor's name & title:
Position(s) held:		Briefly explain your job duties & responsibilities including supervisory experience:	
May we contact this employer?		Reason for leaving:	
Yes      No			
Was this position covered under the Department of Transportation's regulations (DOT)?		Yes      No	
Employer name:		Dates employed (mo/yr):	Salary / pay rate:
		From: / /	To: / /
		Beginning:	Ending:
Employer address:		Employer phone #:	Supervisor's name & title:
Position(s) held:		Briefly explain your job duties & responsibilities including supervisory experience:	
May we contact this employer?		Reason for leaving:	
Yes      No			
Was this position covered under the Department of Transportation's regulations (DOT)?		Yes      No	
Employer name:		Dates employed (mo/yr):	Salary / pay rate:
		From: / /	To: / /
		Beginning:	Ending:
Employer address:		Employer phone #:	Supervisor's name & title:
Position(s) held:		Briefly explain your job duties & responsibilities including supervisory experience:	
May we contact this employer?		Reason for leaving:	
Yes      No			
Was this position covered under the Department of Transportation's regulations (DOT)?		Yes      No	

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		From: /	To: /	Beginning:	Ending:
Employer address:		Employer phone #:		Supervisor's name & title:	
Position(s) held:		Briefly explain your job duties & responsibilities including supervisory experience:			
May we contact this employer?		Reason for leaving:			
Yes      No					
Was this position covered under the Department of Transportation's regulations (DOT)?				Yes      No	

### APPLICANT'S STATEMENT AND RELEASE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment documents are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, may result in termination of my candidacy or any subsequent employment. **If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for any specific duration.** In addition, I understand **that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the Fixed Route Operations Manager or (the Company) or his or her designee.** I authorize the Company and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA).

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

The Company will consider for employment qualified applicants with criminal history in a manner consistent with San Francisco Police Code Art. 49, §§ 4901-4920.

I acknowledge that any offer of employment is conditioned upon my taking an employment substance abuse test(s) and the Company's receipt of satisfactory results of such a test(s) and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

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.

<b>Applicant Signature:</b>	
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**Note: This Application for Employment will be considered active for 90 calendar days.**

### INTERNAL USE ONLY

(Print) Name of General Manager	Title:	Your location #:	Date:
Signature of General Manager:			

### APPLICANT DISPOSITION:

A. Applicant withdrew from process	F. Failed pre-employment test or license requirement
B. Disclosure of a disqualifying event	G. Does not meet minimum age requirement
C. Cannot work required hours	H. Conditional offer made
D. Application reviewed—not selected	I. Falsification of Application
E. Interviewed—not selected	

# Voluntary Disclosure Form

Date \_\_\_\_\_

Regulations of the Equal Employment Opportunity Commission (EEOC) and the Office of Federal Contract Compliance Programs (OFCCP) require employers to compile data regarding the nature and makeup of their work forces in order to further the goals of Title VII of the Civil Rights act of 1964 as amended. Your responses to the following questions will help us comply with this requirement.

**Completion of this questionnaire is entirely voluntary.** Should you opt to complete the questionnaire, your response will be used solely for the purposes of preparing reports required by the EEOC. Your response will be kept confidential, and will play no part in our evaluation of your suitability for employment, employment performance or status. The completed questionnaire will be kept separate from your application, and any subsequent personnel file.

We appreciate your assistance.

Position applied for (indicate only one position per form): \_\_\_\_\_

Last 4 digits of Social Security Number: XXX-XX-

### SEX (check one)

Male (M)  Female (F)

### GROUP STATUS (check one)

1.  Hispanic or Latino (Cuban, Mexican Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
2.  White (Not Hispanic or Latino)
3.  Black or African American (Not Hispanic or Latino)
4.  Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
5.  Asian (Not Hispanic or Latino)
6.  American Indian or Alaska Native (Not Hispanic or Latino)
7.  Two or More Races (Not Hispanic or Latino)

### REFERRAL SOURCE (check one)

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> Mail in           | 4. <input type="checkbox"/> Employee Referral | 7. <input type="checkbox"/> Intra Company Referral |
| 2. <input type="checkbox"/> Employment Agency | 5. <input type="checkbox"/> Advertisement     | 8. <input type="checkbox"/> College Recruiting     |
| 3. <input type="checkbox"/> Walk in           | 6. <input type="checkbox"/> State Agency      | 9. <input type="checkbox"/> Other _____            |

### FOR OFFICE USE ONLY

Company Job Title \_\_\_\_\_

EEO Group Status:  1  2  3  4  5  6  7

EEO Job Group:  1  2  3  4  5  6  7  8  9  10

Location/Department Name \_\_\_\_\_ Location Code \_\_\_\_\_

Job Group Key: 1. Exec / Sr. Mgrs. 2. First/Mid Level Mgrs. 3. Professionals 4. Technicians (requiring post secondary education). 5. Sales Workers 6. Admin. Support Workers 7. Craft Workers (includes mechanics) 8. Operatives (includes bus drivers) 9. Laborers & Helpers 10. Service Workers

**An Equal Opportunity Employer That Values Diversity**