

Clare County Transit Corp.
1473 Transportation Dr.
Harrison, MI 48625

Date of Application _____

- Administration
Operator
Maintenance

Clare County Transit Corporation EMPLOYMENT APPLICATION

The Clare County Transit Corp. (CCTC) is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, color, national origin, sex, age, marital status, non-job related medical condition or disability, or any other legally protected status.

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED

Today's Date: _____ Date Available to Begin Work: _____

Last Name		First Name			Middle Initial
Present Address		Apt. No.	City	State	Zip Code
Home Telephone Or Number You Can Be Reached At:() Area Code					
Email:					

JOB POSITION

Which position are you applying for:

- Vehicle Operator
- Vehicle Mechanic
- Dispatcher
- General Labor (cleaner, janitor)
- General Office
- Management
- Other (specify) _____

Are you applying for:

- Full-time employment
- Part-time employment
- Temporary employment

Can you perform the functions of the job for which you are applying? Yes No

*Job Description available upon request

Employers must make accommodations for disabled job applicants and employees where the accommodations do not impose an undue hardship on the employer.

Under Michigan law, disabled employees and job applicants may request an accommodation for their disability by notifying their employer in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's rights under the Americans with Disabilities Act. Failure to properly notify the employer may preclude any claim charging that the employer failed to accommodate the disabled individual.

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

Yes No

Have you previously been employed by this transportation system, 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 with this transportation system? Yes No

If yes, please specify name and position _____

Are you currently on "lay-off" status subjected to recall? Yes No

Hourly rate or salary expected? _____

EDUCATION

HIGH SCHOOL	COURSE OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST DIPLOMA OR DEGREE
VOCATIONAL SCHOOL	COURSE OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST DIPLOMA OR DEGREE
COLLEGE	COURSE OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST DIPLOMA OR DEGREE

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

- | | |
|--|---|
| <input type="checkbox"/> Defensive Driving | <input type="checkbox"/> Dispatching Calls |
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Management |
| <input type="checkbox"/> Safety Programs | <input type="checkbox"/> Vehicle Repair |
| <input type="checkbox"/> Disabled Persons | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Software Programs (List) |
| <input type="checkbox"/> Children Groups | <input type="checkbox"/> Other (Specify) _____ |

Details of above:

Are you engaged in our planning any further education, training, or study? Yes No

If Yes, briefly explain: _____

WORK EXPERIENCE

List all employers, starting with your present or last job.

Name of Employer	Dates Employed		Address	Telephone No.
	From(mo/yr)	To(mo/yr)		
Job Title		Supervisor's Name and Title		
Work Performed				

If currently employed, may we contact your employer? Yes No

Name of Employer	Dates Employed		Address	Telephone No.
	From(mo/yr)	To(mo/yr)		
Job Title		Supervisor's Name and Title		
Work Performed				

Name of Employer	Dates Employed		Address	Telephone No.
	From(mo/yr)	To(mo/yr)		
Job Title		Supervisor's Name and Title		
Work Performed				

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	From(mo/yr)	To(mo/yr)		
Job Title		Supervisor's Name and Title		
Work Performed				

ADDITIONAL QUALIFICATIONS

Briefly describe below job related skills and qualifications, acquired from employment or other experience, which you believe will assist us in deciding if and where to employ your services.

Military Service

Have you served in the U.S. Armed Forces? Yes No

Dates of Service: from _____ to _____

Branch of Service: _____

Rank at time of enlistment: _____

Rank at time of discharge: _____

Type of discharge: _____

Are you currently a member of the U.S. military reserve or National Guard? Yes No

DRIVING LICENSE AND RECORD

Do you have a valid Michigan Driver’s License? Yes No

If Yes, state your license number _____

When does your driver’s license expire _____

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

Check all applicable boxes:

CDL Group: A B C

CDL Endorsement: P X T N S

License Type: Chauffeur Operator

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

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

A conviction will not necessarily disqualify an applicant

Do you currently have any restrictions on your driver’s license regarding when and for what purpose you may drive a vehicle? Yes No

If Yes, explain _____

Has your driver’s license ever been suspended or revoked? Yes No

SECTIONS TO BE COMPLETED FOR ALL DRIVING POSITIONS

DRIVING EXPERIENCE

Have you operated any of the following types of vehicles?

	Dates: From – To	For Whom?
<input type="checkbox"/> Transit Bus	_____	_____
<input type="checkbox"/> Para-Transit Van	_____	_____
<input type="checkbox"/> School Bus	_____	_____
<input type="checkbox"/> Truck	_____	_____
<input type="checkbox"/> Wrecker	_____	_____
<input type="checkbox"/> Private Carrier Bus	_____	_____

SPECIALIZED DRIVING EXPERIENCE

Have you operated a vehicle used to transport disabled persons 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 vehicle accidents have you been involved in, regardless of severity? _____

How many as operators of: Commercial vehicles _____ Private vehicles _____

List <u>ALL</u> vehicle accidents you have been involved in during the last five (5) years, beginning with the most recent.			
Date	City & State	Brief Description of Accident	Were You Cited?

TRAFFIC VIOLATIONS

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

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENTS**

AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

(please initial) _____

I request that previous employers contacted by CCTC in connection with this application fully respond to all inquiries concerning such previous employment and specifically waive prior written notice of disclosure of my personal record information including disciplinary reports, letters of reprimand, or other disciplinary action. In consideration of the acceptance of my application, I release CCTC and previous employers of any claimed liability arising out of such response and disclosure.

(please initial) _____

If offered employment, I agree and consent to provide blood and urine specimens for alcohol and drug-screening analysis. I understand and agree that CCTC may require me to undergo a physical examination. I also consent to an investigation of my driving record. I understand that any offer of employment by CCTC will be contingent on the results of such investigation, alcohol and drug screening, and physical examination.

(please initial) _____

I understand that if hired I will be an at-will employee and that my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either CCTC or myself. I further understand that no supervisor or representative of CCTC, other than the Director, has any authority to enter into any agreement contrary to the foregoing and that such agreement must be in writing and signed by the Director. In consideration of such employment, I agree to conform to the rules and policies of the company, including the arbitration procedure.

(please initial) _____

I understand that this application for employment is valid for no more than sixty (60) days. After that, I must resubmit an application in order to be considered for employment with the Clare County Transit Corporation.

Signature _____ Date _____

Print Name _____ 5/2014