



Application for Employment

(If applying for Bus Driver position please use Bus Driver Application)

Note to Applicant: Please advise us in advance if you need any type of special accommodation to complete this Application for Employment form or to take any pre-employment test.

Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital, or veteran status.

As a matter of policy, The Wave Transit System consistently checks reference information, both educational and employment, of all final candidates. For this reason, it is essential that all information requested on the applicant and supplied by the applicant be accurate and complete.

Instructions: Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "No" or "Not Applicable" or (N/A).

Date _____

Position Applied for	Minimum Salary Requirement		
Who referred you to our company?	<input type="checkbox"/> Mail In <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Employee Referral-Name _____	<input type="checkbox"/> Advertisement <input type="checkbox"/> Intra Company Referral <input type="checkbox"/> College Recruiting <input type="checkbox"/> Other _____	
Have you ever worked for this company before? <input type="checkbox"/> No <input type="checkbox"/> Yes	Where?	When?	
Have you ever applied with this company before? <input type="checkbox"/> No <input type="checkbox"/> Yes	Where?	When?	
On what date will you be available if your application for employment is accepted?	Would you accept employment in another city? <input type="checkbox"/> No <input type="checkbox"/> Yes	Preference	

GENERAL INFORMATION				
Last Name	First	Middle	Social Security Number	
Present Address – Street	City	State	Zip Code	How long?
List address for previous 7 years if different from above – Street	City	State	Zip Code	How long?
Additional Previous Address, if Applicable – Street	City	State	Zip Code	How long?
Telephone Number and Area Code Home () Work ()	Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain.			
Have you ever pled no contest or been convicted of a felony, misdemeanor, or other crime? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain.			
Have you ever pled no contest or been convicted of a drug or alcohol related offense? (DUI, DWI, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain.			
Name of Person to be Notified in Case of Emergency	Area Code and Telephone Number			

Note: A drug-screening test is required for employment.

Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documentation.

An Equal Opportunity Employer That Values Diversity

EDUCATIONAL BACKGROUND

	Name and Location of School or College	Circle Highest Grade/Year	Grade Average	Did you Graduate?	If you graduated, what was your degree and major?	What was last calendar year you studied?
Elementary School and Junior High		1 2 3 4 5 6 7 8				
High School and/or G.E.D.		9 10 11 12		<input type="radio"/> Yes <input type="radio"/> No	Major _____ Study _____	
College		1 2 3 4		<input type="radio"/> Yes <input type="radio"/> No	Degree _____ Major _____	
Graduate School		How long?		<input type="radio"/> Yes <input type="radio"/> No	Degree _____ Major _____	
Trade, Business, or Correspondence School		How long?		<input type="radio"/> Yes <input type="radio"/> No	Major _____	

List any other training or educational programs you have attended.

List any extracurricular activities, offices held while in school.*

List any academic honors or other special recognition you have received.*

*Exclude those that indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

CLERICAL APPLICANTS ONLY (What specific experience have you had in the following?)

	Length of Time	Type		Length of Time	Type
Accounting			Calculator		
Billing			Shorthand		WPM
Claims			Typing		
CRT			Dictating Equipment		
Word Processing					

COMPUTER EXPERIENCE

Software Package(s)	Years	Skill Level (High, Med., Low)	Hardware (PC's or Platforms)	Years Experience or Skill Level

SHOP APPLICANTS ONLY (What mechanical experience have you had in the following?)

	Years	Months		Years	Months
Engine Tune-Up – Diesel			Brakes and Steering		

Engine Tune-Up – Gas			Lubrication		
Automotive Electrical Systems			Tire Repair		
Clutch and Transmission - Trucks			Other		

LICENSE INFORMATION					
DRIVER LICENSES	STATE	LICENSE NO.	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 or privilege ever been suspended or revoked? Yes No

C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulation? Yes No

D. Have you in the past two (2) years failed or refused a DOT-mandated Pre-employment test(s)? Yes No

IF THE ANSWER TO A, B, C, OR D IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE					
	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
STRAIGHT TRUCK					
AUTO OR VAN					
BUS					
OTHER _____					

LIST STATES OPERATED IN FOR LAST SEVEN YEARS:

LIST SPECIAL COURSES OR TRAINING THAT WILL HLP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

WHAT EXPERIENCE HAVE YOU HAD WORKING WITH OR SUPERVISING CHILDREN? EXPLAIN.

HAVE YOU EVER DRIVEN A BUS? <input type="radio"/> Yes <input type="radio"/> No	IF YES, FOR WHAT COMPANY OR SCHOOL DISTRICT?	DATES	SALARY
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ACCIDENT REVIEW FOR PAST 3 YEARS (Attach additional sheet if more space is needed)				
	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)			
LOCATION	DATE	CHARGE	PENALTY

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EMPLOYMENT HISTORY

All employment for the previous 10 years must be covered below, including jobs held while in school or in the military. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Ask for additional form(s) if necessary. Please explain all periods of unemployment.

EMPLOYER NAME				DATES EMPLOYED (MO/YR)		SALARY	
ADDRESS				FROM:	TO:	STARTING:	LEAVING:
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER						May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED:							
REASON FOR LEAVING							
EMPLOYER NAME				DATES EMPLOYED (MO/YR)		SALARY	
ADDRESS				FROM:	TO:	STARTING:	LEAVING:
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER						May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED:							
REASON FOR LEAVING							
EMPLOYER NAME				DATES EMPLOYED (MO/YR)		SALARY	
ADDRESS				FROM:	TO:	STARTING:	LEAVING:
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER						May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED:							
REASON FOR LEAVING							
EMPLOYER NAME				DATES EMPLOYED (MO/YR)		SALARY	
ADDRESS				FROM:	TO:	STARTING:	LEAVING:
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER						May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED:							
REASON FOR LEAVING							
EMPLOYER NAME				DATES EMPLOYED (MO/YR)		SALARY	
ADDRESS				FROM:	TO:	STARTING:	LEAVING:

SUPERVISOR'S NAME, TITLE AND PHONE NUMBER	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION(S) HELD – BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED:	
REASON FOR LEAVING	

ACTIVITIES

List current membership in civic, professional, social, or other organizations.*

List past membership in civic, professional, social, or other organizations.*

List sports, hobbies, or other interests.*

*Exclude those that indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

SUMMARY OF QUALIFICATIONS

This space is provided for you to briefly summarize any additional qualifications you believe are important in considering your Application for Employment.

APPLICANT'S STATEMENT

I certify that all statements made on this Application for Employment and in any subsequently executed medical questionnaire or any other employment documents are true and correct. I understand that any false information that I give may result in termination of my candidacy or any subsequent employment.

Misrepresentations as to pre-existing physical or mental conditions may void your worker's compensation benefits.

If an employee relationship is established, I understand that such employment is terminable at will, by either myself or The Wave Transit System and/or its subsidiaries or affiliates (the Company), 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 a 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 General Manager of The Wave Transit System.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations including, but not limited to, criminal history checks from Federal, State or local authorities to ascertain any and all information of concern, whether same is of record or not, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

E. _____ I choose not to provide this information.



INVITATION TO SELF-IDENTIFY INDIVIDUALS WITH DISABILITIES AND VETERANS

In accordance with Federal regulations relating to Equal Employment Opportunity (EEO) and affirmative action, our firm is prohibited from discrimination in employment practices because of veteran or disability status and is required to take affirmative action to employ and advance in employment qualified individuals with disabilities and protected veterans. If you are an individual with a disability or protected veteran and would like to be considered under our Affirmative Action Program (AAP), we invite you to self-identify. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will be kept separate from your resume and/or employment application in compliance with EEO Federal regulations.

Date of Application/Resume: _____ Position Applied: _____

Location of Position for which Application/Resume was made: _____

Name (last, first, middle, maiden, if any): _____

Check Applicable boxes:

_____ I am an individual with a disability – An individual with a disability is any person who (1) has a physical or mental impairment which substantially limits one or more of such person’s major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.

_____ I am a special disabled veteran – A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of

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Retention Period: Hired – 5 years from termination date Adopted:
Not Hired – 1 years

Veterans Affairs for a disability: (1) rated at 30% or more; or (2) rated at 10% or 20% in the case of a veteran who has been determined under 38 USC 3106 to have a serious employment handicap; or (3) a veteran who was discharged or released from active duty because of service-connected disability

_____ I am a qualified special disabled veteran – A special disabled veteran who satisfies the requisite skill, experience, education and other job-related requirements of the employment position such veteran holds or desires, and who , with or without reasonable accommodation, can perform the essential functions of such position.



_____ I am a Vietnam era veteran – a person who (1) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred; (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975, in all other cases; or (2) was discharged or released from active duty for a service-connected disability in any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases.

_____ I am an “other” protected veteran – Veterans who served on active duty in the U.S. military ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the U.S. Department of Defense. For those with Internet access, the information required to make this determination is available at:

<http://www.opm.gov/veterans/html/vgmedao2.htm>. A copy of this list may also be obtained by calling (301) 306-6752 and requesting a copy of the list be mailed to you.

_____ I am a newly separated veteran – any veteran during the one-year period beginning on the date of such veteran’s discharge or release from active duty.

_____ I am a recently separated veteran – any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

_____ I am a disabled veteran – (1) a veteran of the U.S. military ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under

laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

_____ I am a Armed Forces service medal veteran – any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces services medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

_____ None of the above mentioned references apply to me.