Π			
Б			<b>1B</b>
T R A	NSIT	A G E /	V G Y

RECEIVED:

SunLine policy prohibits discrimination on the basis of age, race, color, religion, national origin, citizenship, sexual orientation or disability in accordance with applicable state and federal laws.

APPLICATION MUST BE COMPLETED BY THE INDIVIDUAL SEEKING EMPLOYMENT. PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED.

**EMPLOYMENT** 

**APPLICATION** 

Today's Date				
POSITIONS AF	PPLYING FOR: First Choice	Seco	nd Choice	
NAME AND A	ADDRESS			
Name	ast	First	Mid	dle
Current Addres				
	Number	Street		Apt
	City	State		Zip
Úlã, æl^ Phone.	ÂÀÁ Include area code	/////*&[ } åæ^ !	Phone À Include area d	ode
Are you able to	perform the essential functions of the position for wh	nich you are applying, eit	her with or without reason	able accommodations?
YES 🗌	NO 🗆			
If necessary, pl	lease describe what type(s) of reasonable accomr	modations are needed.		
	e Number		quired with application.	
Vehicle Accide	nts within last five years YES $\Box$ NO $\Box$	Vehicle Citation	ns within last five years	YES 🗌 NO 🗌
If YES, explain				
Can you verify	your legal right to work in the United States? YES	S 🗆 NO 🗆		
Are you willing	to work overtime if required by the position? YES			
Have you work	ed for SunLine before? YES 🗌 NO 🗌	Date	Position _	
Date available	for work			
List friends / fai	mily currently employed by SunLine (Include how	v you are related (i.e.	friend, brother, father,	etc)):

VV	ORK HISTORY: Beginning with your most	recent position account for all your t	ille over the past to years.	
1.	Company (current)	Start Date (from)	(to)	
	Job Title			
	Business Address (Street, City, Zip)			
	Immediate Supervisor	Phone Number		
	Reason for leaving:			
	Description of Duties:			
<u> </u>		Ctart Data (from)		
	Company		(10)	
	Job Title Business Address (Street, City, Zip)			
	Immediate Supervisor	Phone Number		
	Reason for leaving:			
	Description of Duties:			
8.	Company	Start Date (from)	(to)	
	Job Title			
	Business Address (Street, City, Zip)			
	Immediate Supervisor	Phone Number		
	Reason for leaving:			
	Description of Duties:			
•	Company	Start Date (from)	(to)	
	Job Title			
	Business Address (Street, City, Zip)			
	Immediate Supervisor	Phone Number		

SunLine Transit Agency reserves the right to select the highest qualified applicants from the applicant pool.

EDUCATION / SKI	LLS					
	School Name	City & State	Major		Yrs Completed	Degree / Date Completed
High School						
College or University	1					
Other Education / Tr	aining					
OTHER: List below a	any other experience	you feel would be helpful i	n considering	your application (i.e	. professional license	e, certifications or training).
COMPUTER SKILI	LS					
PC Application:	WORD		ERPOINT			
List other computer programs skills:						
CONSTRUCTION	EQUIPMENT / MA	CHINES OPERATED: I	list below the	types of construction	on equipment and ma	achines you have used.

# All applicants please read the following and address any questions to the Human Resources Department before signing below.

I authorize SunLine Transit Agency to make an independent investigation of my character, conduct, and employment records; to keep and preserve records of such investigations. I hereby release said companies and/or persons from all liability in any respect pursuant to this investigation. I certify that the information given herein is true. I understand that at any time in the course of my employment discovery of falsification of this record is cause for immediate dismissal. It is also understood that upon hire, I will be required to furnish additional information as requested by SunLine Transit Agency.

I understand that employment is contingent upon my successful completion of a pre-employment physical may include drug and alcohol testing, and that I may be subject to further drug and alcohol testing throughout my period of employment. I understand that after an offer of employment I may be required to pass a physical examination to determine my ability to perform the essential functions of the job.

In consideration of my employment, I agree to conform to the rules and standards of SunLine Transit Agency. I further agree that my employment is at-will and that I may terminate my job at any time for any reason. I also understand that SunLine Transit Agency may terminate my job at any time with or without notice and with or without cause. My at-will status may only be changed in a written document signed by the general manager.

### I certify that my responses to this application are true.

### SunLine Transit Agency APPLICANT QUESTIONAIRE PREVIOUS DRUG & ALCOHOL TESTING INFORMATION

Applicants must answer the following questions.

Please respond by checking Yes or No after each of the following questions. These questions are required by US Department of Transportation Regulation 49 CFR Part 40.

### In the Past Two Years:

1) Have you had any DOT required alcohol test with a result of 0.04 or higher alcohol concentration?

\_\_/ Yes \_\_/ No

2) Have you had any verified (by MRO) positive DOT required drug/alcohol tests?

\_\_/ Yes \_\_/ No

3) Have you refused to be tested (including having a verified adulterated or substituted drug test result)?

\_\_/ Yes \_\_/ No

4) Have you had any other violation of a DOT agency drug or alcohol testing regulation?

\_\_/ Yes \_\_/ No

5) Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you?

\_\_/ Yes \_\_/ No

6) Were there any situations in which you refused to submit (including any adulterated or substituted finding) to a pre-employment test for a DOT employer that did not hire you?

\_\_/ Yes \_\_/ No

## SunLine Transit Agency APPLICATION FOR BUS OPERATOR AND MECHANICS ONLY

**SunLine** has the responsibility to provide the best qualified Bus Operators and Mechanics to our riding public. Therefore, if you have any of the following violations on your current driving record you will be disqualified from consideration as a SunLine Operator at this time.

- 1. Any Failure to Appear.
- 2. Any Suspended License.
- 3. Driving while under the influence of alcohol/drugs.
- 4. Negligent, careless or reckless driving.
- 5. More than three moving violations in the previous three years.
- 6. All accidents will be reviewed on an individual basis and may be cause for disqualification.

### Minimum Requirements:

- 1. High School Diploma or GED equivalent.
- 2. Must be 21 years of age or older.
- 3. Must have an acceptable driving record.
- 4. Must possess valid California license at time of application.
- 5. Must possess or have ability to obtain a valid Class B California drivers license.
  - air brakes certification
  - passenger endorsement (does not apply to Mechanics)
- 7. Must satisfactorily pass all applicable examinations including physical, psychological, and drug and alcohol.
- 8. IF HIRED, documentation verifying your identity and authorization to work in the United States will be required.

A COPY OF APPLICANT'S DRIVING RECORD (H6) FROM THE DMV MUST BE SUBMITTED WITH APPLICATION. IF APPLICANT HAS RESIDED IN CALIFORNIA LESS THAN THREE YEARS, A COPY OF THE APPLICANT'S DRIVING RECORD FROM PREVIOUS STATE OF RESIDENCE MUST BE SUBMITTED IN ADDITION TO CALIFORNIA RECORD.

THIS APPLICATION MUST BE COMPLETED BY THE INDIVIDUAL SEEKING EMPLOYMENT. PLEASE COMPLETE ALL INFORMATION REQUESTED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.



## Equal Employment Opportunity Form

### **APPLICANT INFORMATION**

Full Name	·					
	Last		First		Mãåå ^	
Address:						
	Street Address					
	City		State		ZIP Code	
Ú¦ãįæ∳^PI	none:					
Position A	oplied for:					
			VOLUNTARY INFORMATION			
This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.						
Racial or	Ethnic Group					
🗆 Ar	nerican Indian/Alaska	n	Asian		Black/African American	
🗆 Hi	spanic/Latino		□ Native Hawaiian/Pacific Islander	•	U White/Caucasian	
🗆 Tv	vo or More Races			-		
Gender						
🗌 Fe	male		Male			
Military S	ervice					
	e-Vietnam Era		Vietnam Era		None	
	st-Vietnam Era		Disabled Veteran			
How did y	ou hear about this p	osit	ion?			
🗆 Ne	ewspaper		Company Employee		Professional Publication	
🗆 Jo	b Fair		Placement Office		Website	
🗆 Ot	her					