



PROFESSIONAL VEHICLE OPERATOR APPLICATION FOR EMPLOYMENT

Please read carefully.

Type or print clearly in ink.

Answer all questions.

Paratransit, Inc., is an equal opportunity employer. All qualified persons are welcome to submit applications for employment. Every applicant must fully complete this Application for Employment.

Name _____
Last First Middle

Present Address _____
Number & Street City, State & Zip Code Telephone Number

Mailing Address _____
Number & Street City, State & Zip Code

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check on the information you are providing on this application? yes no

If yes, please explain: _____

List all driver licenses you have had or obtained in the last three years:

State	License Number	Class	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Were you ever informed by a previous employer that you were being terminated or forced to resign due to misconduct or unsatisfactory service? yes no

If yes, please explain the circumstances and give the employer's name: _____

During the past two years have you tested positive or refused to test on any pre-employment drug and alcohol test administered by an employer that they applied to, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules? yes no

Circle the highest grade of school completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Provide the information listed below about any college or university you have attended and/or of any business, trade, service, or correspondence school:

Name of Institution	Address	Course of Study	Duration
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List any degrees, safe driving awards or certificates of professional or vocational competence you hold:

Please list job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit those that indicate your race, religious creed, color, national origin, ancestry, gender, sexual orientation or age:

If you have served in the military or volunteered in the community, list any skills you learned which you feel are relevant to transportation or providing assistance to people with disabilities or the elderly:

Starting with your most recent employment, provide a complete record of all employment during the **past ten years**. A resume may not be used as a substitute, but may be attached if you so desire. **If more space is needed, sign and attach each additional sheet.** Please explain all gaps in employment.

From Month/Day/Year	Employer's Name/Address/Phone	Your Title: Job Duties:
To Month/Day/Year	Supervisor's Name	
Why did you leave?		

From	Employer's	Your Title:
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Month/Day/Year To Month/Day/Year	Name/Address/Phone Supervisor's Name	Job Duties:
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Why did you leave?

From Month/Day/Year To Month/Day/Year	Employer's Name/Address/Phone Supervisor's Name	Your Title: Job Duties:
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Why did you leave?

From Month/Day/Year To Month/Day/Year	Employer's Name/Address/Phone Supervisor's Name	Your Title: Job Duties:
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Why did you leave?

Paratransit operates every day of the year. Our service day begins as early as 5:30 a.m. and ends at 1:30 a.m. the next day. Vehicle Operators bid for shifts, in seniority order, during the general bids for assignments effective December 1st, April 1st and August 1st. Your work assignment may change based on the results of each general bid. Please indicate which days you are available to work. Mark all that apply:

Sun Mon Tue Wed Thu Fri Sat

Our customers provide less than one day’s notice when making their reservations. Frequently they change their reservations on the day of the ride, with very little notice. Further, we encounter unexpected events daily that cause some driver’s work schedules to change (co-workers call in sick, vehicles break down, traffic is heavy, passengers aren’t ready on time, etc.). These events could cause a work schedule to be lengthened or shortened. Indicate how many hours you want to work each week:

Least 20 at least 37½ more than 37½

Are you willing and able to work regularly six days a week? yes no

Are you willing and able to work overtime with little notice? yes no

What is the earliest time you are willing and able to work? _____

What is the latest time you are willing and able to work? _____

I agree and understand that any misrepresentation of information or omission of facts I have provided in this Application for Employment are grounds for immediate discharge.

I agree and understand that representatives of Paratransit, Inc., may investigate my background to ascertain and obtain any and all information of concern to my record, whether same is of record or not, including without limitation matters of public record. “Public records” are defined as “records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.” I understand and agree that I have a right to receive a copy of public record information received by Paratransit, Inc. I understand and agree that I will not receive a copy of such public record information if I check the box below waiving my right to such information. I release Paratransit, Inc., its employees and all persons from any liability for furnishing such information.

I waive my right to a copy of public record information obtained by Paratransit, Inc. Yes No
 (Please check appropriate box)

I agree and understand that this Application for Employment in no way obligates Paratransit, Inc., to employ me.

Offers of employment for the position of Vehicle Operator are conditional and contingent on the successful completion of a pre-employment drug test, post job offer physical, fingerprint clearance, and background investigation. The Vehicle Operator is a safety-sensitive position subject to Paratransit, Inc.’s, Drug and Alcohol Testing Program.

I certify that this Application for Employment was completed by me, and that all entries on it and information in it and any attachments signed by me are true and correct to the best of my knowledge.

 Signature

 Date

EMPLOYMENT QUESTIONNAIRE

APPLICANT: This completed section is confidential and will be detached and filed separately from your application. This information is *voluntary* and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our equal opportunity/affirmative action program and recruitment efforts.

Position Applied For:	Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date:
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PLEASE CHECK ONLY ONE BOX FOR THE RACIAL/ETHNIC CATEGORY WITH WHICH YOU MOST CLOSELY IDENTIFY.

- HISPANIC OR LATINO** A person of Cuban, Mexican, Puerto Rican, South or Central America, or Spanish culture or origin regardless of race. This does not include persons who acquire a Spanish surname.
- WHITE/CAUCASIAN** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- BLACK OR
AFRICAN AMERICAN** A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR
OTHER PACIFIC ISLANDER** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ASIAN** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (this includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Laos, and Vietnam).
- AMERICAN INDIAN OR
ALASKAN NATIVE** A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.
- TWO OR MORE
RACES** All persons who identify with more than one of the above six races.

I FIRST LEARNED OF THIS JOB OPENING THROUGH (check one only):

- Ad in Sacramento Bee Paratransit's Job Line Other (Please Specify)
- Paratransit Employee Job Fair _____
- Building Signs/Window Ad Paratransit Website

Voluntary Self-Identification of Disability

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Job Title: _____

Application Date: _____

Location: _____

Date of Hire: _____