



29017 Highland Rd. – ROMULUS, MI 48174
734-467-7000 office - 734-946-4964 fax

EMPLOYMENT APPLICATION

Location Applying for: Dallas, TX Detroit, MI Milwaukee, WI West Palm Beach, FL

People's Transit is an Equal Employment Opportunity employer. People's Transit 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.

Instructions: 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					
Last Name	First	Middle	Date of Application: / /		
Present Address: Street	City	County	State	Zip	From (mo/ yr)
Telephone Number and Area Code: Primary () Secondary ()		Email address:		If hired, can you present evidence of your legal right to work in the US: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Date of Birth: Required by FMCSR Part 391.21 (b) (2) / /			
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)
Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			
What position are you applying for?		Minimum salary / wage requirement:			

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

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

EDUCATIONAL BACKGROUND				
	Name and city/state of School or college	Circle Highest grade completed	Did you graduate?	What was your degree and major?
Elementary and Junior High / Middle School		1 2 3 4 5 6 7 8		
High School and/or G.E.D.		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____
Trade, Business, Correspondence or Graduate School		Degree / Certificate earned:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____
List any other training or educational programs or note:				
List any academic honors or other special recognition you have earned:				
List any extracurricular activities and school offices of note:				

EMPLOYMENT HISTORY

All employment for the past 10 years must be noted below, including jobs held while in school or while in the military. Record your present or most recent position first and go back in chronological order. Resumes may not be substituted for any information requested, but may be submitted as an addendum to the completed application. Complete all questions for each position.

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:			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR):			<input type="checkbox"/> Yes <input type="checkbox"/> 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:			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR):			<input type="checkbox"/> Yes <input type="checkbox"/> 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:			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR):			<input type="checkbox"/> Yes <input type="checkbox"/> No	

IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER THAT HAVE OCCURRED IN THE PAST 5 YEARS		
Dates:		Reason:
From:	To:	

LICENSE INFORMATION			
State	License #	Type	Expiration date
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Has any license, permit or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No D. Have you in the past three (3) years failed or refused a DOT-mandated pre-employment test(s)? <input type="checkbox"/> Yes <input type="checkbox"/> 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

DRIVING EXPERIENCE				
Class of Equipment	Type of equipment (van, tank, flat, etc.)	Dates		Approximate total number of miles
		From	To	
Straight Truck				
Auto or Van				
Bus				
Other _____				
List all states where you have held a CDL in the last five years:				
List special driving courses or training you have received:				
What driving awards have you received? From whom?				
Have you ever driven a bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what company or school district?	Dates:	Salary / pay rate:	

ACCIDENT REVIEW FOR PAST 3 YEARS				
	Date	Nature of accident (head-on, rear-end upset, etc.)	Fatalities	Injuries (other than yourself)
Last collision				
Next previous				
Next previous				

IMPAIRED DRIVING CONVICTIONS—DRIVING UNDER THE INFLUENCE (DUI) / DRIVING WHILE INTOXICATED (DWI)			
Location	Date	Charge	Penalty

TRAFFIC CITATIONS / CONVICTIONS & FOREFEITURES FOR THE PAST 3 YEARS (other than parking violations)			
Location	Date	Charge	Penalty

Have you ever filed an application with us before? Yes No When? _____

Have you worked for this company before? _____ Where? _____

Position _____ Dates from _____ to _____

Reason for leaving? _____

Are you employed now? _____ May we contact your present employer? _____

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status?
{Proof of citizenship or immigration status will be required upon employment} Yes No

How did you learn about us? Advertisement Friend Relative Walk-in Other

Are you related to or have you been referred by an employee at this company? Yes No

If Yes, please indicate employee's name and your relationship: _____

Have you ever been convicted of a crime or are there any felony charges pending against you? Yes No
{Conviction will not necessarily disqualify an applicant from employment}

If Yes, Please explain _____

REFERENCES:

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____
 2. _____
 3. _____
-

Have you ever had any job-related training in the United States Military? Yes No

If, Yes, please describe: _____

APPLICANTS' STATEMENT

I certify that the facts set forth in this application are true and complete. I understand any misstatement or omission of material fact may result in refusal of People's Transit to enter into an agreement with me or immediate termination of the agreement, irrespective of how long I have been a contracting party with People's Transit or any of its subsidiaries and affiliates.

I understand that in order to become a driver or continue as a driver for People's Transit or any of its subsidiaries and affiliates, I must successfully pass a drug screen test as required by People's Transit or any of its subsidiaries or affiliates. I consent to future medical examinations that may be required by People's Transit or any of its subsidiaries or affiliates.

I understand, also, that I am required to abide by all rules and regulations of People's Transit, Ltd.

{Date}

{Signature}

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract services) with People's Transit or any of its subsidiaries and affiliates, I understand that consumer reports which may contain public record information pertaining to me may be requested, as well as reports and employment records of any current or former employers pertaining to my employment. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, job performance, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, school records (including any of all information contained), etc., from Federal, State, other agencies and former employers.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY PEOPLE'S TRANSIT OR ANY OF ITS SUBSIDIARIES AND AFFILIATES, TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a written request to People's Transit or any of its subsidiaries and affiliates, upon proper identification, to request the nature and substance of all information in its files on me at the time of the request.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for People's Transit or any of its subsidiaries and affiliates, to procure consumer reports at any time during my employment (or contract) period.

I acknowledge that a facsimile or copy of this release shall be as valid as the original.

Print Name

DL#

State

Current Address

City/State/Zip

Applicant/Employee Signature