Received on: ______________________
*Applications will be held for three years*

Pacific Transit System Human Resources
216 2nd Street/PO Box 489, Raymond, WA 98577
Phone: 360-875-9418 • Fax: 360-942-3193
Web: www.pacifictransit.org
Email: HR@pacifictransit.org

# Job Application- CDL Required Position

Pacific Transit System provides reasonable accommodations for qualified individuals with disabilities. To request accommodation in the recruitment or selection process please contact Pacific Transit System Human Resources at 360-875-9418.

Pacific Transit System hires only United States citizens and aliens lawfully authorized to work in the United States. All new employees will be required to complete an I-9 form and provide documentation establishing identity and employment eligibility within three (3) days of hire.

*Pacific Transit System is an Equal Opportunity and Drug Free Workplace Employer.*

**Unsigned, incomplete or illegible applications will not be considered. A resume may be attached to the application, but it does not substitute for completion of this application form.**

## Personal Profile

| | |
|---|---|
| Name: | Position applied for: |
| Address: | City/State/Zip Code: |
| Email: | |
| Primary phone: ( ) | Alternate phone: ( ) |
| Former last name(s) (if applicable): | |
| Can you, after employment, submit proof of your legal right to work in the United States? ☐ Yes ☐ No | |
| Are you over the age of 21? ☐ Yes ☐ No | |
| Types of positions you will accept: ☐ Regular ☐ Temporary ☐ Full Time ☐ Part Time | |
| Types of shifts you will accept: ☐ Day ☐ Split Shift ☐ Night ☐ Rotating ☐ Weekends ☐ Holidays ☐ On Call | |

## Driving Information

*All applicants complete this section*

Do you possess a valid Driver's License? ☐ Yes ☐ No

State _________________ License # _______________________________ Exp. Date ______________________

Has your license ever been restricted, suspended or revoked? ☐ Yes ☐ No

**If yes**, Please explain ___________________________________________________________________________________

___________________________________________________________________________________________________

*Complete this section only if the position for which you are applying requires the operation of a CDL vehicle*

Class _________________ Endorsements ___________________________

### Additional Questions

| | |
|---|---|
| Do you possess a high school diploma or GED?<br><br>What is your highest level of education?<br><br>How did you first learn of this position? | |
| If you were referred by an employee, please provide employee name. | |
| Are you a former Pacific Transit employee? ☐ Yes ☐ No | Dates of previous Pacific Transit employment: |
| Will you be able to satisfy Pacific Transit's attendance requirements, which require employees to report to work on time regularly and to avoid absences? | ☐ Yes ☐ No |
| Please list any aliases or other names in the last ten years. | |
| Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? | |
| | |
| | |

### Work Experience

List and describe your work and/or volunteer experience **over the last 10 years**, starting with your current position.

(Please include dates. Any gaps of employment must be disclosed and stated as “unemployed” in position title, along with dates).

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |

| | |
|---|---|
| Duties: | Reason for leaving: |

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

| | |
|---|---|
| Position title: | Hours worked per week: |

| | |
|---|---|
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |

| | |
|---|---|
| Duties: | Reason for leaving: |

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

Attach additional sheets if necessary.

**Education**

| | |
|---|---|
| Type of school: | Did you graduate? ☐ Yes ☐ No |
| Name of school: | Major/minor or emphasis: |
| Start date (month/year): End date (month/year): | Degree received: |
| City/State: | |

| | |
|---|---|
| Type of school: | Did you graduate? ☐ Yes ☐ No |
| Name of school: | Major/minor or emphasis: |
| Start date (month/year): End date (month/year): | Degree received: |
| City/State: | |

Attach additional sheets if necessary.

**Certificates and Licenses**

| |
|---|
| Type: |
| License number (if applicable): |
| Issued by (if applicable): |
| Date issued (month/year): / Expiration (month/year): / |

Attach additional sheets if necessary.

**Skills**

| |
|---|
| Other skills (indicate level and experience): |

| |
|---|
| Languages (indicate speak/read/write): |

**Professional References**

| | |
|---|---|
| Name: | Title: |
| Phone: ( ) | Email: |
| Cell Phone: ( ) | |
| Name: | Title: |
| Phone: ( ) | Email: |
| Cell Phone: ( ) | |
| Name: | Title: |
| Phone: ( ) | Email: |
| Cell Phone: ( ) | |

**Essay Question**
In the space below, please describe the reason you are applying for this position and why you believe you would be an asset to this organization. Answers must be limited to two paragraphs or less.

_______________________________________________________________________________________________

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## APPLICANT AUTHORIZATIONS

As part of the final employment selection process, Pacific Transit System may contact former employers for employment-related reference information. By signing and submitting this application, you authorize Pacific Transit System to be able to contact your former employers. We will not at this time contact your present employer unless you authorize us to do so. If you are CURRENTLY employed, may we contact your current employer?
☐ Yes ☐ No ☐ Not currently employed.

I authorize Pacific Transit System to thoroughly investigate all statements contained in my application and accompanying documents, and I authorize my former employers and references to disclose to Pacific Transit System any and all information regarding my former employment, my character and my general reputation. I release all parties and persons, including Pacific Transit System, my former employers, and my references from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure. Furthermore, I waive my rights to see the information gathered as part of the reference check / background investigation.
☐ I agree. ☐ I do NOT agree.

I understand that employment is contingent upon satisfactory passing a post-job-offer employment-related physical exam **(for Safety-Sensitive)**, as well as pre-employment drug screen results **(for Safety-Sensitive and non-Safety-Sensitive positions)**. I understand that, if hired, a condition of my employment will be to abide by Pacific Transit System's Drug & Alcohol Policy, including random drug and alcohol testing **(for Safety-Sensitive positions)**. I further understand that employment is contingent on the results of a criminal background investigation.

☐ I agree. ☐ I do NOT agree.

**If I am applying for a Safety-Sensitive position**, I authorize any past Department of Transportation employers (during the past 2 years) to release drug and/or alcohol testing information and records to Pacific Transit System. Certain positions also require review of motor vehicle driving abstracts.

☐ I agree. ☐ I do NOT agree.

Have you tested positive for any DOT pre-employment drug/alcohol test or refused to test on any DOT pre-employment drug tests in the last two years?

☐ Yes ☐ No

I certify that the facts contained in this application and accompanying resume or documents, as well as the facts presented verbally in any interview, are true and correct to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire or immediate dismissal for cause if I have been employed, no matter when discovered by Pacific Transit System.

☐ I agree. ☐ I do NOT agree.

I understand the completion of this application does not obligate Pacific Transit System to hire me. If hired, I understand that Pacific Transit System is an at-will employer and that employment may be terminated at any time and for any reason either by myself or by Pacific Transit System. I agree to abide by all Pacific Transit System employment rules, policies, and procedures. Pacific Transit System retains the right to revise its policies and procedures, in whole or in part, at any time.

☐ I agree. ☐ I do NOT agree.

If I am hired by Pacific Transit System, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I cannot be hired if I cannot comply with these requirements.

☐ I agree. ☐ I do NOT agree.

*I agree that a photocopy or fax of this signed document shall be as valid as the original.*

x____________________________________ __________________

Applicant Signature Date

__________________________

Applicant Print Name

*Pacific Transit System is an equal employment opportunity employer and strives to provide a culturally diverse workforce. We also take pride in being a drug free workplace, and we conduct employment screening and regular employment matters in accordance with the Employee Polygraph Protection Act (EPPA).* Our vision is to be a world-leading transit system that serves our community through strategic innovation, customer centric collaboration, and purposeful thought leadership.

# Disclosure Statement and Authorization of Release of Records

## Disclosure: A consumer report containing your personal information may be obtained for consideration of employment with Pacific Transit System.

I have carefully read the attached Fair Credit Reporting Act information, in connection with my employment and/or promotion with Pacific Transit System. I understand that by signing or initialing, I am indicating my consent for Pacific Transit System to obtain a report from a consumer-reporting agency for use regarding my possible employment or promotion.

I understand that if information from a report obtained by a consumer reporting agency is utilized in any way in making an adverse decision about my potential employment and/or promotion, before making the adverse decision Pacific Transit System will provide me with a copy of the consumer report and a description, in writing, of my rights under the Federal Fair Credit Reporting Act (FCRA). I understand that the FCRA gives me specific rights in dealing with consumer reporting agencies.

By my signature below I further understand that I am waiving my right of privacy in connection with any investigation of information for the consumer report, and I release and hold harmless Pacific Transit System and any companies or persons who perform the investigation from any liability in connection with that investigation and report. This information includes but is not limited to:

- Confidential information
- Personnel/work references
- Criminal records
- Motor vehicle records
- All other information and records concerning me.

**Signature:** ______________________________________________ **Date:** ____________________

# A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance ,or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identify theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, orunverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

| TYPE OF BUSINESS | CONTACT |
|---|---|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration, 1775 Duke Street Alexandria, VA 22314 703-519-4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation, Office of Financial Management, Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051 |

**Additional Work Experience**

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |

| | |
|---|---|
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

| | |
|---|---|
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? ☐ Yes ☐ No | |
| Address: | |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |