



Application for Employment

Safety Sensitive Positions*

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

Transit Management of Racine, is an Equal Employment Opportunity employer. Transit Management of Racine 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.

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

Instructions: Please type or print in black or blue ink. 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)
Date of Birth: required by FMCSR Part 391.21 (b) (2) / /		Email address:		If hired, can you present evidence of your legal right to work in the US? Yes No	
Social Security #: required by FMCSR Part 391.21(b) (2) -- --		Telephone Number and Area Code: Primary () Secondary ()			
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)
EDUCATIONAL BACKGROUND					
	Name and city/state of school or college	Circle highest grade completed	Did you graduate?	What was your degree and major?	
High School and/or G.E.D.		9 10 11 12	Yes No		
College		1 2 3 4	Yes No	Degree _____ Major _____	
Trade, Business, Correspondence or Graduate School		Degree / Certificate earned:	Yes No	Degree _____ Major _____	
List any other training or educational programs of note:					
List any extracurricular activities and school offices to note:					

LICENSE INFORMATION			
STATE	LICENSE #	TYPE	EXPIRATION DATE

*Dispatchers, Drivers/ Operators, Maintenance/ Technicians, Location Management/ Supervisors and Utility Personnel

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:			
Yes No					
Was this position covered under the Department of Transportation's regulations (DOT)? Yes 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:			
Yes No					
Was this position covered under the Department of Transportation's regulations (DOT)? Yes 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:			
Yes No					
Was this position covered under the Department of Transportation's regulations (DOT)? Yes 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:			
Yes No					
Was this position covered under the Department of Transportation's regulations (DOT)? Yes No					

IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER THAT HAVE OCCURRED IN THE PAST 10 YEARS (Information is used for confirming work history. You need not be currently employed at the time of application to be eligible for hire).

Dates:		Reason:
From:	To:	

APPLICANT'S STATEMENT AND RELEASE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment documents are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, may result in termination of my candidacy or any subsequent employment. **If an employee relationship is established, I understand that such employment is terminable at will 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 any 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 **President of FirstGroup or Greyhound, Inc. (the Company) or his or her designee.** I authorize the Company and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA).

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

The Company will consider for employment qualified applicants with criminal history in a manner consistent with San Francisco Police Code Art. 49, §§ 4901-4920.

***Note to Maryland Applicants:** Initial _____
I understand that under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that any individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

***Note to Massachusetts' Applicants:** Initial: _____ I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I acknowledge that any offer of employment is conditioned upon my taking an employment substance abuse test(s) and the Company's receipt of satisfactory results of such a test(s) and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Name:		Date:	
------------------------	--	--------------	--

Note: This Application for Employment will be considered active for 90 calendar days.

INTERNAL USE ONLY

(Print) Name of General Manager	Title:	Your location #:	Date:
Signature of General Manager:			

APPLICANT DISPOSITION:

A. Applicant withdrew from process	F. Failed pre-employment test or license requirement
B. Disclosure of a disqualifying event	G. Does not meet minimum age requirement
C. Cannot work required hours	H. Conditional offer made
D. Application reviewed—not selected	I. Falsification of Application
E. Interviewed—not selected	