

# SMART TRANSIT

PO Box 3854

Moscow, Idaho 83843

Phone: (208) 883-7747

Smart Transit is an Equal Opportunity Employer

## Application for Employment

### ADMINISTRATIVE POSITIONS

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#### GENERAL INSTRUCTION

- **This application is for non-driving positions.** If you are applying for a driving position, please complete the application for drivers.
- Do not leave any gaps longer than one month in your ten year employment and activity history.
- Your application may be considered incomplete if you do not supply complete addresses of previous employers or do not answer all questions asked.
- An incomplete application may be disregarded.
- You must supply a current (less than thirty days old) driving record if the position you are applying for requires driving a company vehicle.

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#### SECTION I

#### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
(NO PO BOX) Street City State Zip Code

How long have you lived at your present address? \_\_\_\_\_ years \_\_\_\_\_ months

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

List all previous addresses within the last three years—use additional sheet if necessary)

\_\_\_\_\_ years \_\_\_\_\_ months  
Street City State Zip Code How Long?

\_\_\_\_\_ years \_\_\_\_\_ months  
Street City State Zip Code How Long?

\_\_\_\_\_ years \_\_\_\_\_ months  
Street City State Zip Code How Long?

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**SECTION II**

**GENERAL INFORMATION**

Position applying for \_\_\_\_\_ Earliest date you can start? \_\_\_\_\_

Full-time (30 or more hours)  Part-time (less than 30 hours)  Full-time, but will start at part-time

Are you on lay-off and subject to recall?  Yes  No

Have you ever worked here before:  Yes  No If so, when? \_\_\_\_\_

May we inquire of your present employer?  Yes  Only upon firm offer of employment

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements?  Yes  No

If yes, please explain \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No  
(Proof of eligibility will be required if employed)

Do you have relatives who work for this company?  Yes  No  
If so, who and in what capacity? \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No  
If yes, please explain \_\_\_\_\_

Indicate class of your current valid driver's license:  A-CDL  B-CDL  C-CDL  D

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**SECTION III**

**HISTORY OF EMPLOYMENT AND OTHER ACTIVITIES**

List an accounting of **all employment and activities** through the last **ten years**. Fill in any gaps greater than one month between employers with your activities (such as volunteering, student, or unemployed). Include all seasonal, intermittent, and temporary employment. Begin with your most recent or present position or activity. Use additional sheet if necessary, but make sure you include all information requested.

**NOTE: COMPLETE ADDRESSES ARE REQUIRED FOR ALL EMPLOYERS LISTED.**

1. Employer/Activity \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Describe work performed and skills involved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employer/Activity \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Describe work performed and skills involved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Employer/Activity \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip Code  
Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Describe work performed and skills involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4. Employer/Activity \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip Code  
Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Describe work performed and skills involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

5. Employer/Activity \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip Code  
Position \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Describe work performed and skills involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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**SECTION IV**

**EXPERIENCE**

List involvement in all motor vehicle accidents within the last three years. Specify date and nature of each and if any fatalities or injuries were caused. Also describe who was at fault \_\_\_\_\_

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List all violations of motor vehicle laws or ordinances (other than those involving parking) of which resulted in conviction or forfeiture of bond or collateral within the last three years \_\_\_\_\_

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Summarize any job related skills, licenses or certifications you have \_\_\_\_\_

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List any professional activities and associations \_\_\_\_\_

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**SECTION V**

**EDUCATION**

	<b>Name and Location</b>	<b>Number of years attended</b>	<b>Subjects studied</b>	<b>Did you graduate?</b>
High School				
College				
Trade or Business				

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**SECTION VI****CHARACTER REFERENCES**

List below the names of **three** persons **not** related to you, whom you have known **at least three years**.

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1. _____			
2. _____			
3. _____			

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**ALCOHOL AND SUBSTANCE ABUSE POLICY STATEMENT**

Smart Transit is a drug-free workplace with a zero tolerance policy. As part of the pre-employment investigation, as well as after employed, applicants will be required to participate in the drug and alcohol testing program which includes, but is not limited to, random and post-accident testing.

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**AUTHORIZATION AND CERTIFICATION**

**“I voluntarily give Regional Public Transportation, Inc (doing business as Smart Transit) the right to investigate all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.**

**I understand that information provided on this application may be used, and my previous employers will be contacted for the purpose of investigating my general employment and safety performance history.**

**I understand I have the right to review information provided by previous employers; to have previous employers correct erroneous information and resend corrected information to Smart Transit; and to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.**

**I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.**

**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. I understand that if employed, falsified statements and omissions on this application shall be grounds for dismissal.”**

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SIGNATURE

DATE