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Employment Application

The Alger County Transit Authority-ALTRAN is an equal opportunity employer. We consider applicants for all positions without regard to race, religion, color, national origin, sex, age, marital status, height, weight, or non-job related medical conditions or disabilities.

Please print or type all information requested.

Today's Date: _____

Date Available to Begin Work: _____

Full Legal Name: _____

Social Security #: _____

Present Address: _____

Home Telephone/Cell #: _____

Job Position

Which positions are you applying for:

Are you applying for:

Vehicle Operator

Full-time employment

Dispatcher

Part-time employment

Maintenance

Seasonal employment

Can you perform the functions of the job for which you are applying? Yes No

Employers must make accommodations for disabled job applicants and employees where the accommodations do not impose an undue hardship on the employer.

Under Michigan law, disabled employees and job applicants may request an accommodation for their disability by notifying their employer in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's rights under the Americans with Disabilities Act. Failure to properly notify the employer may preclude any claim charging that the employer failed to accommodate the disabled individual.

Would you be available to work any day of the week, on the weekends, and evenings?

Yes No

Do you have any relatives currently employed with this transportation system?

Yes No

If Yes, please specify:

Name: _____

Position: _____

Education

High School _____

Did you graduate? Yes No

Vocational School _____

Did you graduate? Yes No Degree: _____

College _____

Did you graduate? Yes No Degree: _____

List any other training or experience that may be applicable:

Work Experience

List your past two (2) employers, starting with your present or last job.

Name of Employer: _____

Dates Employed From: _____ To: _____

Address: _____ Telephone #: _____

Job Title: _____

Supervisor's Name and Title: _____

Work Performed: _____

Name of Employer: _____

Dates Employed From: _____ To: _____

Address: _____ Telephone #: _____

Job Title: _____

Supervisor's Name and Title: _____

Work Performed: _____

Additional Qualifications

Briefly describe below job related skills and qualifications acquired from employment or other experience, which you believe will assist us in deciding if and where to employ your services.

Driving License and Record

Do you have a valid Michigan Driver's License? Yes No

If yes, state your license number: _____

When does your driver's license expire? _____

Do you have a chauffeur's license? Yes No

Minimum requirement for all positions.

Do you have a valid Commercial Driver's License (CDL)? Yes No

Check all applicable boxes:

Group: A B C

Endorsement: P X T N S

Type: C O

How many moving violation points do you currently have against your driver's license? _____

Have you ever been convicted of a felony crime or a misdemeanor? Yes No

If yes, provide the following information:

Date: _____ Nature of Offense: _____

City & State: _____ Jail/Penalty/Fine: _____

Date: _____ Nature of Offense: _____

City & State: _____ Jail/Penalty/Fine: _____

Date: _____ Nature of Offense: _____

City & State: _____ Jail/Penalty/Fine: _____

A conviction will not necessarily disqualify an applicant.

Do you currently have any restrictions on your driver's license regarding when and for what purpose you may drive a vehicle? Yes No

If yes, explain: _____

Has your driver's license ever been suspended or revoked? Yes No

Have you failed or refused a DOT drug screening in previous employment?

Yes No

Sections to be Completed for Driving Positions Only

Driving Experience-Have you operated any of the following types of vehicles:

		Dates: From-To	For Whom?
Transit Bus	<input type="checkbox"/>	_____	_____
Para Transit Van	<input type="checkbox"/>	_____	_____
School Bus	<input type="checkbox"/>	_____	_____
Truck	<input type="checkbox"/>	_____	_____
Wrecker	<input type="checkbox"/>	_____	_____
Private Carrier Bus	<input type="checkbox"/>	_____	_____

Have you operated a vehicle used to transport disabled persons and/or senior citizens?

Yes No

If yes, did you receive any specialized training for this work? Yes No

If yes, briefly describe the training you received.

Do you have experience operating a hydraulic lift on a transit vehicle? Yes No

Have you received any PASS or passenger sensitivity training? Yes No

Accident History

How many vehicle accidents have you been involved in, regardless of severity? _____

How many as operators of: Commercial Vehicles _____ Private Vehicles _____

List ALL vehicle accidents you have been involved in during the last five (5) years, beginning with the most recent.

Date: _____ City & State: _____

Brief Description of Accident: _____

Were You Cited: _____

Date: _____ City & State: _____

Brief Description of Accident: _____

Were You Cited: _____

Date: _____ City & State: _____

Brief Description of Accident: _____

Were You Cited: _____

Traffic Violations

List ALL traffic violations, other than parking, for which you have been cited during the last five (5) years, beginning with the most recent.

Date of Violation: _____ Infraction/Offense: _____

City & State: _____ Date of Conviction: _____

Disposition & Fine: _____

Date of Violation: _____ Infraction/Offense: _____

City & State: _____ Date of Conviction: _____

Disposition & Fine: _____

Date of Violation: _____ Infraction/Offense: _____

City & State: _____ Date of Conviction: _____

Disposition & Fine: _____

PLEASE READ CAREFULLY-APPLICANT'S CERTIFICATION AND AGREEMENTS

I confirm that all of the information furnished on this Employment Application is complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application, or during the pre-hire process, will be reason for the disqualification of my application for employment or the termination of my employment.

I authorize all previous employers and supervisors, to provide the Alger Transit Authority-ALTRAN's representatives, on a confidential basis, all requested information regarding me and my previous employment.

I further authorize ALTRAN to obtain my driving history and previous drug testing records, criminal background check, or other records which may be required to evaluate my eligibility for employment. I also agree to release ALTRAN and all previous employers and supervisors from any liabilities and damages that may result from furnishing information to ALTRAN.

I understand that an offer of employment is conditional upon the results of a drug and alcohol screening as required by law and/or defined by ALTRAN's policies. I consent to that screening. I understand that a refusal to submit to a drug screening, positive drug test results, falsification of test results, or alteration of test forms will result in the disqualification of my application for employment or the termination of my employment.

I understand that neither this application nor an offer of employment by ALTRAN constitutes a contract of employment.

I agree that any action or suit against ALTRAN, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under the State, but not Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims, or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against ALTRAN, in which ALTRAN prevails, I will pay ALTRAN any and all costs incurred by ALTRAN in defense of said claims or actions, including attorney fees.

I understand that this application for employment is valid for no more than sixty (60) days. After that, I must resubmit an application in order to be considered for employment with ALTRAN.

Signature _____ Date _____

Print Name _____