



**Employment History:**

**Employer 1**

Co. Name:	Phone: ( )
Co. Address:	
Your Position:	Supervisor:
Dates of Empl.	
Reason for Leaving?	
Job duties included:	

**Employer 2**

Co. Name:	Phone: ( )
Co. Address:	
Your Position:	Supervisor:
Dates of Empl.	
Reason for Leaving?	
Job duties included:	

**Employer 3**

Co. Name:	Phone: ( )
Co. Address:	
Your Position:	Supervisor:
Dates of Empl.	
Reason for Leaving?	
Job duties included:	

**Employer 4**

Co. Name:	Phone: ( )
Co. Address:	
Your Position:	Supervisor:
Dates of Empl.	
Reason for Leaving?	
Job duties included:	

**References:**

(Please list three persons who are neither relatives nor former employers. These people should have definite knowledge of your job skills and experience.)

Name	City/State	Phone	Occupation
		( )	
		( )	
		( )	

Is there any reason why you may be unable to perform the job duties? \_\_\_\_\_

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

Have you at any time had to take a drug or alcohol test?

Drug test yes\_\_\_ no\_\_\_

Alcohol yes\_\_\_ no\_\_\_

If yes to either question, have you at any time failed a drug or alcohol test?

Drug test yes\_\_\_ no\_\_\_

Alcohol yes\_\_\_ no\_\_\_

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

yes\_\_\_ no\_\_\_

***IMPORTANT:** If you answered 'yes' to either of the last two questions, you will need to provide documentation on your successful completion of DOT return-to-duty requirements upon any offer of employment.*

**Driver, Mechanic, and Lot Attendant applicants only**

**Driving Information/History**

**Note:** Driver, Mechanic, and Lot Attendant positions need to submit a DMV driving record print out along with this application.

Do you have a Commercial Driver's License? \_\_\_\_\_ If yes, CDL Class (A, B or C): \_\_\_\_\_

CDL Endorsements: \_\_\_\_\_

License Restrictions: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? \_\_\_\_\_

If so, explain when, why and for how long: \_\_\_\_\_

Have you ever been convicted of driving while intoxicated? \_\_\_\_\_

As a driver have you been:

- convicted of any traffic violations in the past five years? \_\_\_\_\_
- involved in any vehicle accidents in the past five years? \_\_\_\_\_

If so, please supply a brief description for each violation or accident (use back of form if you require more space):

Date	Description

**Certification:**

I hereby certify that all statements given herein or attached hereto are true, complete and correct to the best of my knowledge and belief. I further authorize Sunset Empire Transportation District its agents, directors, officers and employees to investigate any or all information provided by me in this Employment Application and in any supplemental documents, including, but not limited to, motor vehicle reports (MVR), accident reports, medical examination records and criminal background checks.

Signature \_\_\_\_\_