

Tucson Transit Management L.L.C.

3401 E Ajo Way

Tucson, AZ 85713

PERSONAL INFORMATION

| Please print & read carefully and answer all questions. A | Any omissions of information may cause this application to be rejected |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Application: | How did you learn about this job? |
| Last Name: | First Name: |
| Street Address: | Telephone No. () |
| CitySta | Zip |
| Have you resided at this address for three or more years? for the past three years | Yes No If no, provide complete information on where you lived |
| Can you upon employment provide Sun Van with proof o | f legal right to work for Sun Van in the US? |
| Have you ever applied for employment with this Compan | y before? Yes No When |
| Have you ever been previously employed with this Comp | any before? Yes No When |
| | ation will be considered complete. If an answer to these questions is "yes", s. A conviction or incarceration will not necessarily or automatically bar you lered separately based on the facts. |
| During the past ten years, have you served a sentence in ja | ail or prison of been convicted of a misdemeanor or felony? |
| If yes, explain: | |
| Are you currently on Probation? Yes No | |
| | |
| | |
| When can you start work? | |
| Are you available to work Full-Time Par | t-Time Shift Work Temporary |
| Will you work any shift? Yes No If yes, shi | ft preferred If no, shift you will work |
| Can you work weekends? Yes No | |
| Languages you speak: R | ead:Write: |
| Machines Operated: | |
| Typing Skills? | Shorthand Speed? |
| Other Skills? | |
| | |
| | |
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| | | | sun | ••••• | | |
|------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|
| | | | Driver requires Sun Van Opera es that date of birth must | tors and Utility Worke | | or more years of age. |
| IF APPLYING FOR Y Are you at least 21 yea Date of Birth | rs old? | Yes | R UTILITY WORKEI No Driv | R POSITION: ver's License No: | | |
| According to the Feder | al Motor C | arrier Safet | | erators are required to o | complete a physical | examination. Sun Van is |
| Have you worked in a semployer or at any time | | | | nent of Transportation | drug & alcohol testi | ing rules either at your last |
| Yes No | | | | | | |
| Have you <u>failed</u> or <u>refu</u> | used a US D | OT pre-em | ployment test in the prev | vious two years? | | |
| Yes No | | | | | | |
| Driver Licenses (list al | l unexpired | motor vehi | cle licenses or permits y | ou have held in the pa | st three years) | |
| State | | Li | License Number Class Expiration I | | Expiration Date | |
| | | | | | | |
| | | | | | | |
| DRIVING EXPERIEN | CE (Class | of Equipme | ent): | | | |
| Bus Mini-J | Bus | Van | Other | | | |
| ACCIDENT RECORD | FOR PAS | T THREE | YEARS: | | | |
| | Date | | Nature of Accident Injuries | | Fatalities | Was either party ticketed? |
| Last Accident | | | | | | |
| Next Previous | | | | | | |
| Next Previous | | | | | | |
| TRAFFIC CONVICTI | ONS AND | FORFEITU | JRES FOR THE PAST | 3 YEARS (OTHER TI | HAN PARKING VI | OLATIONS): |
| Loca | tion | | Date | e | Des | cription |
| | | | | | | 1 |
| | | | | | | |
| • | | - | le intoxicated (DWI) or | • | · · · — | Yes No |
| When? | nvicted of a | any other m | ajor traffic violation suc | h as reckless driving, e | etc? Yes | No |
| | | | | | | |
| E1. | | | ever been suspended or r | | No | |
| | | | | | | |
| | | | | | | |
| applicants' driving reco months prior to employ If employed, the emplo | ords must b ment which yee's moto | e taken into h will be pa r vehicle re | provisions and requiren consideration. If emplo art of the employee's con- cord will be regularly re he employee's complete | byed, the employee mu npany record for drivin eviewed. The Compan | ist provide a driving ng purposes. y's Insuring agency | g record for a period of 39 counts accidents and |
| | | | | | | |



| | | EDUCA | ATION | | |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------|-------------------------|--------------------------|
| ENTER MILITARY SEI | RVICES UNDER EI | DUCATION, AND IN | NDICATE ANY SPEC | TAL SKILLS OR T | TRAINING RECEIVED |
| Education Elementary | | Years Completed | Grade Average | Major Field of Study | |
| High School College or | | 9 10 11 12 | | | |
| University Commercial or Business | | 1 2 3 4 1 2 3 4 | | | |
| Graduate or Other | | 1 2 3 4 | | | |
| List courses you are current Do you have a professional | | valent? | No Type? | E> | xpiration Date: |
| Other names which employ One of the company's pre-e | | | Are you currently | employed? 🔲 Y | /es No |
| May we contact your preser | · · · | | us employers. | | |
| Give full particulars as requ ndicate periods of unemplo | | ast 10 years, starting v | with your most recent of | employment. If not | continually employed, |
| | | | | | |
| Company Name/Address | Dates Employed Month Year | Base Rate of Pay | Type of Work F | erformed I | Reason for Leaving |
| Company Name/Address 1. | Month Year From: | Base Rate of Pay \$ | Type of Work F | Performed I | Reason for Leaving |
| 1. | Month Year | Base Rate of Pay | Type of Work F | Performed I | Reason for Leaving |
| | Month Year From: | Base Rate of Pay \$ | Type of Work F | Performed I | Reason for Leaving |
| 1. | Month Year From: | Base Rate of Pay \$ | | Performed I | Reason for Leaving |
| 1. Telephone No. | MonthYearFrom:To: | Base Rate of Pay \$ Per Hour | | Performed I | Reason for Leaving |
| 1. Telephone No. | Month Year From: To: From: From: | Base Rate of Pay S Per Hour S | | Performed I | Reason for Leaving |
| 1. Telephone No. 2. | Month Year From: To: From: From: | Base Rate of Pay S Per Hour S | Supervisor | Performed I | Reason for Leaving |
| 1. Telephone No. 2. Telephone No. | MonthYearFrom:To:From:To: | Base Rate of Pay S Per Hour Per Hour | Supervisor | Performed I | Reason for Leaving |
| 1. Telephone No. 2. Telephone No. | Month Year From: To: From: To: From: | Base Rate of Pay S Per Hour Per Hour S S S S | Supervisor | Performed I | Reason for Leaving |
| 1. Telephone No. 2. Telephone No. 3. | Month Year From: To: From: To: From: | Base Rate of Pay S Per Hour Per Hour S S S S | Supervisor Supervisor | Performed I | Reason for Leaving |
| 1. Telephone No. 2. Telephone No. 3. Telephone No. | MonthYearFrom:To:To:From:To:To:From:To: | Base Rate of Pay S Per Hour S Per Hour Per Hour | Supervisor Supervisor | | Reason for Leaving |
| 1. Telephone No. 2. Telephone No. 3. Telephone No. | MonthYearFrom:To:To:From:To:To:From:To:From:From: | Base Rate of Pay S Per Hour S Per Hour S Per Hour S S S S S S S S S S S S S S S S S S | Supervisor Supervisor | Performed I | Reason for Leaving |
| 1. Telephone No. 2. Telephone No. 3. Telephone No. 4. | MonthYearFrom:To:To:From:To:To:From:To:From:From: | Base Rate of Pay S Per Hour S Per Hour S Per Hour S S S S S S S S S S S S S S S S S S | Supervisor Supervisor Supervisor | Performed I | Reason for Leaving |
| 1. Telephone No. 2. Telephone No. 3. Telephone No. 4. Telephone No. | MonthYearFrom:To:To:From:To:From:To:To:To:To: | Base Rate of Pay S Per Hour S Per Hour S Per Hour S Per Hour Per Hour | Supervisor Supervisor Supervisor | Performed I | Reason for Leaving |



What did you like most about your previous jobs?

What did you like least?

AIMS

Please state in your own words why you think you would like to work for Sun Van:

What are your expectations from Sun Van:_____

What are your job related plans for the future?

ACTIVITIES

Please list job-related organizations, clubs, professional societies, or other associations to which you belong to - you may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, sexual preference, gender identity, disability or age.



PERSONAL REFERENCES

List two references (not relative or former employer) that you have known for at least five years

| Name | Address or Email | Telephone No. | Occupation |
|------|------------------|---------------|------------|
| | | | |
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| | | | |

I authorize investigation of all statements made in this application and hereby authorize previous employers, personal references, and other persons to give any and all information regarding employment, educational background or any other lawful information.

I understand any false statements, omissions, or misrepresentations appearing on this or any other employment form or medical information/examination form will sufficient reason not to hire me, and if discovered after employment, will be sufficient reason for dismissal.

I understand that an employment physical examination including a drug/alcohol test may be required. I understand that failure to take or pass a required physical examination and/or drug/alcohol test may be a determining factor in obtaining employment and may be sufficient cause for dismissal from the company if I have been employed. I further agree to submit to a potential physical examination, or a drug/alcohol test when required in accordance with any law. I understand that a drug/alcohol test when requested by management during the course of my employment is condition of continued employment.

If employed, I will abide by the existing rules of the Company and any rules and regulation as any become effective while employed, and my employment may be terminated, with or without cause, and with or without notice in accordance with any laws or labor contract at any time at the lawful option of the Company..

Except in connection with my job duties of the Company, I agree that, during the term of my employment with the Company and thereafter, I will neither reveal any confidential information to persons outside the Company nor use such confidential information on my behalf or that of any other.

I certify that all the information furnished on this form was furnished by me, is true, complete, and correct to the best of my knowledge.

Signature

Date

Sun Van is an Affirmative Action Equal Opportunity Employer





Dear Applicant:

Sun Van is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law or any non-related job criteria.

To help us comply with federal equal opportunity record keeping requirements, all applicants are asked to voluntarily answer the questions on this survey. In addition, the information you provide will assist us in ensuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our application population. The information provided is used solely for affirmative action obligations and in accordance with the American's with Disabilities Act. Refusal to provide this information will not subject you to any adverse employment action.

THIS VOLUNTARY SURVEY WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE ATTACHED EMPLOYMENT APPLICATION. THANK YOU.

| Name |
|-----------------------------------------------------------------------------------|
| Date of application |
| Title of the position for which your are now applying |
| Please check your age category: 18-20 21-39 40-70 over 70 |
| Please indicate applicable veteran status: |
| Veteran Non Veteran |
| Are you disabled per the definition that follows? Yes No |

An individual is considered to have a "disability" if that individual (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.



Equal Opportunity Survey

• Gender: (Circle appropriate response) Male Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

__Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

__Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

__American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

<u>Two or More Races (Not Hispanic or Latino)</u> - All persons who identify with more than one of the above five races.

How did you learn of the job opportunity for which you are applying?

__Sun Van Job Posting __Sun Van Employee __Community Service Agency __Website __Telephone Inquiry __Friend or Relative __Newspaper Advertisement __Other

Date Completed _____