

DATE: _____

TIME: _____



APPLICATION FOR EMPLOYMENT

AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

Instructions: Please print the requested information in the spaces provided below.

Date of application: _____
Month Day Year

First Name Middle Name Last Name

Street Address

City State Zip Code

Residence Telephone

E-Mail Address

The Age Discrimination in Employment Act 29 U.S.C. 621-34 of 1967 prohibits discrimination on the basis of age against individuals who are at least 40 years of age.

For what job are you applying? _____

**IF APPLYING FOR BUS DRIVER OR MECHANIC POSITION,
PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Federal Motor Carrier Safety Regulations require Sun Tran Bus Drivers and Mechanics to be at least 21 or more years of age. Federal Motor Carrier Safety Regulations state that date of birth must be on this application ONLY IF APPLYING FOR BUS DRIVER OR MECHANIC POSITION.

Are you at least 21 years of age or older? Yes No Date of Birth: _____/_____/_____
Month/Day/Year



UNDERSTANDING OF EMPLOYMENT TERMS AGREEMENT

Directions: Read agreement below and sign it if you understand and agree.

If I am employed by Sun Tran, I agree to abide by all rules, regulations and policies of Sun Tran both current and future.

I further agree that as a condition of employment, I will be required, for some positions at Sun Tran, to pass the medical and written examinations for the position for which I am applying and agree to submit to any future medical and written examinations required for that position or future positions with Sun Tran.

I authorize my former employers, schools, personal and professional individuals named in this application to give information to Sun Tran regarding my character, ability, general reputation, personal characteristics and past records and do hereby release said organizations or persons from any liability or damages whatsoever for issuing this information.

I hereby certify that the answers given by me for the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application or any supplements to this application, is cause for rejection of my application or discharge at any time during my employment.

I understand that this application becomes the property of Sun Tran and I also understand that use of this form does not indicate or guarantee that there are any position openings and does not in any way obligate Sun Tran.

My signature certifies that this application was read, understood and completed by me.

Signature of Applicant

Date

Sun Tran - 3920 N. Sun Tran Blvd. Tucson, AZ 85705

E D U C A T I O N	School	Name & Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Travel Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you been employed in any department of Sun Tran in the past? Yes No

What Department: _____

Dates Employed: _____

Reason for Leaving: _____

REFERENCES

Give names of three people personally acquainted with your reputation. Do not give names of relatives or former employers.

Name	Address	Years Known	Occupation	Phone

The questions below must be answered before your application will be considered complete. If an answer to these questions is "YES", please attach a separate sheet of paper giving full particulars. A conviction or incarceration will not necessarily bar you from employment with Sun Tran. All cases will be considered separately:

During the past ten years, have you served a sentence in a jail or prison or been convicted of a misdemeanor or felony?

_____ Yes _____ No

Are you currently on probation? _____ Yes _____ No

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

MILITARY	Did you serve in any U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge Date: _____	If “Yes,” in what branch? _____ _____
Describe any training received relevant to the position for which you are applying. _____ _____		

Please answer the following questions only if they are relevant to the job for which you are applying.

Motor Vehicle Operator: *(Includes bus driver, mechanic, clerical, management or supervisory positions.)*

Do you have a valid Commercial Driver's License? *(Bus Driver & Mechanic applicants only)* Yes No
With passenger endorsement? Yes No

Do you have a Driver's License? Yes No

License Number _____ State Issued _____ Expiration Date _____

Secretary/Clerical: Please list special training, experience and skills you have including the types of office equipment you are trained to use or attach a resume.

Management/Staff/Research: Please list special training, experience and education or attach a resume.

Other Positions:

Please list special training experience or skills you have which are applicable to the job for which you are applying.

BUS DRIVER AND MECHANIC APPLICANTS ONLY

Applicants for position of bus driver or mechanic must complete the following information as required by the United States Department of Transportation, Federal Motor Carrier Safety Regulations as adopted by Sun Tran. Attach additional sheets if necessary.

Name the issuing state, license number and expiration date of each unexpired motor vehicle operator's license or permit that has been held by you during the last three years.

State	License Number	Expiration Date
State	License Number	Expiration Date
State	License Number	Expiration Date

Describe any past experience you have had with any of the following vehicles: bus, truck, tractor, semi-trailer, full trailer and pole trailer.

ALL APPLICANTS

List all of the motor vehicle accidents you have been involved in during the past three years. Describe the date, the accident, and any injuries or fatalities the accidents caused.

List all of the violations of motor vehicle laws or ordinances (other than parking violations/tickets) by which you were convicted or forfeited bond or collateral during the past three years.

Have you ever had a driver's license suspended, denied or revoked? Yes No

If the answer is "Yes", describe in detail the facts and circumstances of the action.

Equal Opportunity Survey

Dear Applicant:

Sun Tran is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, gender, age, disabled conditions, veteran status 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 you 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 an impairment, or (3) is regarded as having such an impairment.

(CONTINUED)

Equal Opportunity Survey

GENDER: (Please check 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.

Two or More Races (*Not Hispanic or Latino*) – 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 Tran Job Posting Telephone Inquiry

Sun Tran Employee Friend or Relative

Community Service Agency Newspaper Advertisement

Other (explain): _____

Date Completed: _____
