

MARQUETTE COUNTY TRANSIT AUTHORITY
1325 COMMERCE DRIVE
MARQUETTE, MI. 49855

APPLICATION FOR EMPLOYMENT

Date of Application

Month/Day/Year

Please Type or Print All Information Requested

Date Available to Begin Work

Month/Day/Year

PERSONAL

Last Name

First

Middle

Social Security Number

Home Address

Telephone Numbers

Number and Street

Home: _____

City

State

Zip

Work: _____

Are you 18 years of age or older? Yes ___ No ___

This application will be kept on file for six(6) months from date of application

Are you applying for:

_____ Full-Time Work _____ Part-Time Work _____ Temporary Work

Position you are applying for:

_____ Admin _____ Dispatch _____ Maintenance _____ Mechanic

Can you perform all the functions of the job, with or without an accommodation, for which you have applied?

_____ Yes _____ No

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

_____ Yes _____ No If no, which days would you be unavailable? _____

Have you previously been employed by this transportation system, or by any unit of government in this county?

_____ Yes _____ No

If yes, please specify:

With whom were you employed _____

Job Title _____

Dates of that employment, from _____ to _____

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

_____ Yes _____ No
If yes, Name _____
Position _____

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Hourly rate or salary expected _____

EDUCATION

HIGH SCHOOL

CITY/STATE

DIPLOMA

___ YES ___ NO

VOCATIONAL SCHOOL

CITY/STATE

MAJOR or DEGREE

COLLEGE

CITY/STATE

DEGREE or MAJOR FIELD

GRADUATE SCHOOL

CITY/ STATE

DEGREE or MAJOR FIELD

SPECIALIZED TRAINING

CITY/STATE

DEGREE or MAJOR FIELD

Have you had experience with or training in the following areas? If so, explain below.

_____ CPR

_____ First Aid

_____ Defense Driving

_____ Safety

_____ Handicappers

_____ Other (specify) _____

_____ Elderly

_____ Children Groups

_____ Vehicle Repair

_____ Management

_____ Computers

Details of above: _____

Are you engaged in or planning any further education, or training? ___ Yes ___ No

If yes, briefly explain: _____

WORK EXPERIENCE

List below your past four employers, starting with your present or last job.

EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS	PHONE NUMBER	HOURLY RATE/ SALARY
JOB TITLE	SUPERVISOR	REASON FOR LEAVING

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SPECIAL QUALIFICATIONS

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

Do you presently have a valid Michigan Drivers License? Yes No

If yes your drivers license number _____

GENERAL INFORMATION

Approximately how many times have you been absent (other than vacations, holidays, extended medical leaves, etc.,) Or late for work during the past two years? _____

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

If yes, provide the following information:

Date	Nature of Offense	City & State	Penalty/Fine
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you presently have any felony or misdemeanor charges pending against you? Yes No

If yes, please explain _____

Have you served in the U. S. Armed Forces? Yes No

Dates of Service: From _____ to _____

Branch of Service: _____

Rank at time of enlistment: _____

Rank at time of discharge: _____

Are you currently a member of the U.S. military reserve or National Guard?

Yes No Which branch of Service? _____

EMPLOYMENT REFERENCEES

List below the names of three persons whom you have known for at least one year.
Do NOT include relatives.

Full Name	Telephone Number	Employed By	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION

YOU ARE REQUIRED TO COMPLETE THE FOLLOWING STATEMENTS

I hereby authorize my current and former employers to release any information contained in my personal file or otherwise known by them to Marq-Tran in connection with my application for employment with Marq-Tran. I specifically release from liability any current or former employers, their agents, representatives, employees, officers or directors, for giving such information to Marq-Tran.

Signed _____ Date _____

PLEASE SIGN AND DATE THE FOLLOWING STATEMENT

I verify that the information given by me in this application is true, accurate, and complete. I understand that if I have given any false information on this application or if I have omitted any material facts, I may be disqualified from employment with this company, or if hired, I may be discharged immediately upon discovery of such false statements or omissions.

If offered employment, I consent to take a complete medical examination, and such future medical examinations as may be required, including, but not limited to, drug testing.

If hired, in consideration of my employment, I agree to abide by rules and policies of the employer. I further agree that my employment and all compensation can be terminated with or without cause, and with or without prior notice, at any time, at the option of either the employer or myself. I understand that no agent or representative of the employer has any authority to make any agreement contrary to the forgoing, except

by a written employment contract signed by the Marquette County Transit Authority.
I agree that any claim or lawsuit relating to my service with the company must be filed no more than six (6) months after the date of the employment action that is subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature of Applicant

Date

CONSENT FOR DRUG TESTING

It is understood that as part of the employment evaluation process I will be required to take a drug test to screen for controlled substances. I hereby consent for the company to collect urine or saliva specimens from me, and to conduct other necessary medical tests to determine the presence or use of controlled drugs. Further, I give my consent for the release of the test results and other relevant medical information to authorized company management for review. It is understood that the results may be considered in any employment decision. If the test is positive or if I refuse to take the test, I understand and agree that any employment offer that has been extended to me may be revoked, or if employed, I may be discharged.

DATE

FULL NAME - Please Print

SIGNATURE

MARQUETTE COUNTY TRANSIT AUTHORITY
1325 COMMERCE DRIVE
MARQUETTE, MICHIGAN 49855

BACKGROUND CHECK AUTHORIZATION FORM

Dear Applicant/Employee:

As part of the selection process for this position, we need you to complete the background and criminal history record check authorization listed below. This information must be returned to Marq-Tran. We appreciate your help regarding this matter.

I _____, authorize the release of any and all information from any appropriate agency regarding any criminal conviction history to Marq-Tran. I understand that my ethnicity, date of birth, gender and my age will not be made a part of this process and that none of these will be considered in the review of my employment.

I hereby authorize Marq-Tran to conduct a full background investigation on me as permitted by law, including but not limited to a State Police Criminal Conviction Record Check, Secretary of State Record Check, and education and Employment history checks. I also authorize Marq-Tran to conduct subsequent background check on me throughout my term of employment with Marq-Tran if I am ultimately employed by Marq-Tran.

I further understand that Marq-Tran has the right to either withdraw and consideration offer or employment or terminate employment based upon the results of the investigation.

DATE

PRINT NAME

WRITTEN SIGNATURE