



Employment Application

Please print all information

Name _____ Date _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone _____

E-Mail Address _____

For what position are you applying? _____

How did you become aware of this opening? _____

Type of employment desired? Full Time Part Time On-Call Temporary/Seasonal

Please indicate your shift availability: Day Evening Night Weekend Split Shift Holidays

Date available to start work: _____ Desired rate of pay: _____ per _____

Have you ever applied to or previously worked for Waukesha Metro Transit or Professional Transit Management?

Yes No

If yes, list location(s) and date(s): _____

Do you have any relatives or friends currently working for Waukesha Metro Transit or Professional Transit Management of Waukesha? Yes No

If yes, state the individual's name and relationship to you. _____

Can you provide original documentation of your identity & eligibility to work in the United States? Yes No

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

If yes, please explain: _____

** Note: An applicant will not be denied employment based solely on the grounds of a conviction for a criminal offense. The type of offense, the date and the relevance of the criminal conviction to the position applied for may be considered in the employment decision.*

If you have been at your current address less than 3 years, please list all of your addresses for the past three years.

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____



Education			
	Graduated	Name of school and address	Type of Degree
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate or Professional School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Business or Driving School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Record

PLEASE FULLY COMPLETE ALL SECTIONS

I understand consideration for employment with Waukesha Metro Transit / PTMW will be contingent upon the results of reference and criminal background checks. I authorize Waukesha Metro Transit / PTMW to investigate all information I provide on this application for employment, including previous employment, experience and educational credentials. I also give Waukesha Metro Transit / PTMW my permission to contact my former employer(s), all listed references or any other person who can verify the information I provide on this application. I give my consent to my current and former employers and other contacted persons to respond to any questions pertaining to the information included on this application. I release my current/former employer(s) and any other persons contacted from any liability for releasing information to Waukesha Metro Transit / PTMW.

Signature _____ Date _____

PLEASE COMPLETELY LIST ALL PRIOR EMPLOYMENT DURING THE PAST 10 YEARS, EVEN IF YOU ARE SUBMITTING A RESUME. BEGIN WITH THE CURRENT OR MOST RECENT EMPLOYER AND INCLUDE ANY MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT.

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

May we contact this employer? Yes No

Employer:	Period of Employment		Name/Title of Supervisor
	From Month/Year	To Month/Year	
Street Address:			Phone Number (with area code)
City, State, Zip:			Starting Hourly Rate/Salary
Reason for Leaving:			Ending Hourly Rate/Salary
Title/Duties: _____			

Please complete Driver's License and Accident Record sections ONLY if you are applying for a safety sensitive position.

Driver's License Information

Do you hold a valid driver's license in this state? Yes No

Do you hold a valid commercial driver's license (CDL) in this state? Yes No

Unexpired License Number: _____ State: _____ Expiration Date: _____

Class: _____ Endorsements: _____ Date of Birth (MM/DD/YY): ____ / ____ / ____

List all other states where you have held a driver's license in the last 10 years: _____

Have you ever been denied a license or permit to operate a motor vehicle? Yes No

Has your license or permit ever been suspended or revoked? Yes No

If you answered yes to either question, please explain: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) or Federal Transit Administration (FTA) regulations while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes No

Have you worked for a Department of Transportation (DOT) regulated Employer and were you covered under DOT regulated drug and alcohol testing during the last two years prior to this application? Yes No

Accident & Traffic Violation Record for Past Three (3) Years

List all vehicular accidents in which you have been involved as a driver during the past three (3) years.

Date	Description	Location

In addition to any traffic accidents listed on your application, please supply any additional traffic violations in the past three years

Date	Description	Location

All of the information listed on this document and the Waukesha Metro Transit / PTMW application are true and fully correct to the best of my knowledge. I also certify that no denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued has occurred. If any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued please describe in detail the circumstances and facts of the event.

Signature

Date

Please use the space below to describe the facts of any denial, revocation, or suspension of any license permit, permit, or privilege to operate a motor vehicle. Please supply as many details as possible.

Date	Description	Location

PLEASE READ EACH PARAGRAPH BELOW. IF YOU DO NOT UNDERSTAND ANY PART OF THE INFORMATION INCLUDED IN EACH PARAGRAPH, PLEASE ASK THE INTERVIEWER BEFORE SIGNING.

All employees of Waukesha Metro Transit / PTMW are required to adhere to the Waukesha Metro Transit / PTMW Drug and Alcohol Policy. The information provided below is intended to be a brief summary of this policy and is not inclusive. Our complete policy is available for review upon request in our Human Resources Department.

Waukesha Metro Transit / PTMW maintains a Drug and Alcohol free workplace and requires a drug-screening test as a requirement for employment. If I do not complete the pre-employment drug testing after being extended an offer of employment or if I test positive, refuse to test or submit an adulterated specimen, I understand I will not be considered for employment.

If applicable, I will be required to submit to random, post-accident and reasonable suspicion drug and alcohol testing during the course of my employment. Testing positive, refusing to test within the designated time period, or submitting an adulterated specimen for a random, reasonable suspicion or post-accident drug and alcohol screening during my employment will be considered grounds for termination.

It is understood that the laboratories, facilities, physicians, nurses and technicians contracted by Waukesha Metro Transit / PTMW will collect the necessary specimens for the purpose of determining the presence or absence of controlled substances. This information will only be disclosed to the appropriate PTMW Managers. PTMW is responsible for maintaining the confidentiality of all testing results.

I understand that Waukesha Metro Transit / PTMW abides by an employment-at-will policy except where there is a collective bargaining agreement in effect.

In such circumstances, the terms of the collective bargaining contract take precedence. However, for employees not covered by a collective bargaining agreement the following terms apply: Either the company or the employee may terminate the employment relationship at any time, for any reason, with or without notice. Additionally, nothing contained in this employment application or anything conveyed during an interview, is intended to create an employment contract, implicit or implied. I also understand and agree that any future changes in my titles, duties, compensation, working conditions, benefits or company policies and procedures will not alter this at-will agreement.

If I am applying for a position as a CDL or non-CDL driver, I am required to possess a current and valid driver's license and I agree to provide PTMW with a certified copy of my driving record. I also understand that any offer of employment is contingent upon my ability to be covered by the Company's vehicle insurance policy.

I certify that I completed this application for employment and that all of the information provided herein is true. I understand that any omission, misstatement or inclusion of false information on this application or any document used to secure employment with PTMW shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and fully understand the information included on this application and agree to the terms and conditions outlined in this document.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY: DO NOT WRITE IN THIS SECTION.

Interviewed by: _____ Date _____

ID# _____ Location _____ Dept. # _____ Position _____

Status: FT PT On-call/Temp

Start Date: _____ Wage: _____ Hourly Bi-Weekly