



START Bus - Town of Jackson Employment Application - DRIVER

P.O. Box 1687
150 East Pearl
Jackson, WY 83001
www.townofjackson.com

Personnel Department
(307) 733-3932

START Bus
(307) 733-4521
www.startbus.com

3/25/2016

INSTRUCTIONS: Please complete this application by answering each and every question. You may attach a resume, but information provided on the resume should not be substituted for completion of the application. We ask that you refrain from using the terms 'see resume' on this application and instead provide the information on the application. Use blank paper if you do not have enough room on this application. An email address is required and applicants will be contacted via email.

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, sexual orientation, gender identity, marital status, or disability, except where a reasonable, bona fide occupational qualification exists. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

* Indicates Required Information

Position Applied For	Type of Employment Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Variable Hour / Seasonal <input type="checkbox"/>
Name of Applicant (please indicate how you wish to be addressed) Last Name First Name Middle Initial	Date of Birth

Date of Application	When could you start?
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E-Mail Address (required) Applicants will be contacted via email

Current Physical Address (No., Street, City, State, Zip Code) How long have you lived here?

Current Mailing Address

Social Security Number

Telephone (Mobile/Cell)	Telephone (Home)	Telephone (Work)
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Do you have military experience in the Armed Forces of the United States?
If so, what branch? YES NO

Are you legally authorized at the time of hire to work in the United States? YES NO

Are you currently employed? YES NO

If not currently employed, how long since leaving your last employment?

How did you learn of this opening?	Rate of pay expected?
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PREVIOUS ADDRESSES

Please list any additional addresses of residency for the past 3 years preceding the date of submittal of this application.

Physical Address (Number, Street, City, State, Zip Code)

How long?

Physical Address (Number, Street, City, State, Zip Code)

How long?

Physical Address (Number, Street, City, State, Zip Code)

How long?

JOB FUNCTIONS

Is there any reason you might be unable to perform the functions of the job for which you have applied?

YES NO

If yes, explain if you wish.

EDUCATION

High School attended and location

Highest grade successfully completed

College or University attended and location

No. of years completed

Year graduated

Degrees or # of Credit Hours

Major subjects of specialization

College or University attended and location

No. of years completed

Year graduated

Degrees or # of Credit Hours

Major subjects of specialization

Other Educational Training/Courses. List any non-driving licenses or certifications held (attach additional sheets with submittal if needed):

PREVIOUS EMPLOYMENT WITH THE TOWN OF JACKSON OR START BUS

Have you applied with the Town of Jackson or START Bus before?

YES NO

If so, when and for what position?

Were you ever employed with the Town of Jackson or START Bus before?

YES NO

If so, when and in what capacity?

Reason for leaving?

Whom do you know that works for the Town of Jackson or START Bus?

EMPLOYMENT HISTORY (Please list all jobs held within the last 7 years. Explain any gaps in employment in Comments sections. Please attach additional sheets with submittal if needed. List most recent employers first.)

1. Name of Employer	City ST
Type of Business	Your Position

Duties

Name and Position of Immediate Supervisor	Supervisor E-Mail	Employer Phone
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Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Starting Salary	Final Salary
		<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly

Reason for leaving or seeking employment elsewhere

Did your position with this employer require a CDL or require you to perform safety sensitive functions under the FMCSA or FTA?
YES NO

2. Name of Employer	City ST
Type of Business	Your Position

Duties

Name and Position of Immediate Supervisor	Supervisor E-Mail	Employer Phone
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Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Starting Salary	Final Salary
		<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly

Reason for leaving or seeking employment elsewhere

Did your position with this employer require a CDL or require you to perform safety sensitive functions under the FMCSA or FTA?
YES NO

EMPLOYMENT HISTORY (continued)

3. Name of Employer	City	ST
Type of Business	Your Position	

Duties

Name and Position of Immediate Supervisor		Supervisor E-Mail		Employer Phone
Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Starting Salary	Final Salary	
		<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	

Reason for leaving or seeking employment elsewhere

Did your position with this employer require a CDL or require you to perform safety sensitive functions under the FMCSA or FTA?
 YES NO

4. Name of Employer	City	ST
Type of Business	Your Position	

Duties

Name and Position of Immediate Supervisor		Supervisor E-Mail		Employer Phone
Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Starting Salary	Final Salary	
		<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	

Reason for leaving or seeking employment elsewhere

Did your position with this employer require a CDL or require you to perform safety sensitive functions under the FMCSA or FTA?
 YES NO

EMPLOYMENT HISTORY (continued)

5. Name of Employer	City	ST
Type of Business	Your Position	

Duties

Name and Position of Immediate Supervisor	Supervisor E-Mail	Employer Phone
---	-------------------	----------------

Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Starting Salary	Final Salary
		<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly

Reason for leaving or seeking employment elsewhere

Did your position with this employer require a CDL or require you to perform safety sensitive functions under the FMCSA or FTA?
 YES NO

COMMENTS AND EXPLANATION OF GAPS IN EMPLOYMENT (attach additional information with submittal if needed)**SPECIAL SKILLS AND QUALIFICATIONS**

Are you fluent in a language other than English? YES NO
 Please note fluency in speaking, writing, and reading.

Please summarize special skills and qualifications acquired from employment or other experience.

Are you over 18 years of age? YES NO

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest."
 If yes, give details. A conviction will not necessarily disqualify an applicant for employment. (Exclude minor traffic violations) YES NO

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet with submittal if more space is needed.) If none, write none.

Dates	Nature of Accident (Head on, rear end, etc.)	Fatalities or Injuries?
Last Accident		
Next Previous		
Next Previous		

TRAFFIC / MOVING CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (Other than parking violations)

(Attach sheet with submittal if more space is needed.) If none, write none.

Date	Location	Charge	Penalty
Last Conviction			
Next Previous			
Next Previous			

DRIVER LICENSES

State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

If the answer to either A or B above is YES, give details. (Attach sheet with submittal if more space is needed.)

HEAVY EQUIPMENT OR COMMERCIAL PASSENGER VEHICLE DRIVING EXPERIENCE (IF NONE, WRITE NONE)

Class of Equipment	Type of Equipment (Van, tank, flat, etc.)	Approximate No. of Miles or Hours	Dates (From and To)
Straight Truck			
Tractor & Semi-Trailer			
Tractor - Two Trailers			
Motorcoach - School Bus			
Other			

DRIVING EXPERIENCE (continued)

List states operated in for last five years.

Which safe driving awards do you hold and from whom?

**AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release, whether listed or not, any person, school, current employer, past employers, organizations, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

The Town of Jackson and START Bus is committed to protecting the safety, health and well-being of all employees and individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free work place program that balances our respect for individuals with the need to maintain an alcohol and drug -free environment.

I understand I will be required to successfully pass a pre-employment drug screening examination. I also understand that I will be entered into the Town of Jackson's Drug Free Workplace drug and alcohol testing program including pre-employment, post incident, and reasonable suspicion testing. I hereby consent to this pre-employment test and to any testing required for participation in this program. If my application is for a position that requires a commercial Driver's License (CDL), I further understand that I will also be entered into the federally mandated drug and alcohol testing program that includes pre-employment, post incident, reasonable suspicion and random drug and alcohol testing. I hereby consent to this pre-employment test and to any testing required for participation in this program.

The Town of Jackson is committed to providing a safe and productive working environment. To achieve that goal, we conduct background investigations for all final candidates being considered for employment. Background checks may include, but are not limited to criminal history, employment and motor vehicle history.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand, also, that I am required to abide by all rules and regulations of the Town of Jackson and START Bus.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, BY EITHER PARTY, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature and/or electronic signature, consent to these statements.

Date

Signature of Applicant

COMPLETELY VOLUNTARY

The Town of Jackson and START Bus provide equal employment opportunities to men and women regardless of age, sex, sexual orientation, gender, gender identity, genetics, race, marital status, color, creed, religion, physical handicap, or national origin. In order to comply with federal grant funding rules, the following voluntary questions are being asked. You are not required to respond, it is completely voluntary.

Race: Please select the appropriate response.

- White
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other
- Two or More Races

National Origin (country of your birth): Please indicate your national origin.

Sex or Sexual Identity: Please select the appropriate response.

- Female
- Male

Last Name

First Name

Middle Initial