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# PRE-EMPLOYMENT APPLICATION (NON-DRIVER)

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Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability which is not job-related.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

**PERSONAL:**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you at least 25 years of age? Yes  No

Have you in the past two (2) years failed or refused a DOT- mandated Pre-employment test(s)? Yes  No

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? Yes  No

Do you have any obligations or other reasons limiting your ability to work overtime? Yes  No

If yes, please explain:

Drivers License: State \_\_\_\_\_ Type \_\_\_\_\_ Currently Valid? Yes  No

**EMPLOYMENT DESIRED:**

Are you seeking  full time  Part-time  temporary or summer employment?

Position applied for \_\_\_\_\_ Salary desired \_\_\_\_\_

Date available to start \_\_\_\_\_

Have you ever applied to our company before? Yes  No

Have you ever worked for our company before? Yes  No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

Are you now or do you expect to be engaged in any other business or employment? Yes  No

Are there any days or hours you would be unable or unwilling to work? Yes  No

If yes, please specify those days or hours:

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**A Drug-Free Workplace**

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**EDUCATION:**

| Name, Address and Location | Dates        | Graduate?   | Courses Studied          |
|----------------------------|--------------|---|--------------------------|
| High School                | From:<br>To: | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> | Diploma/GED:             |
| College                    | From:<br>To: | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> | Degree(s):               |
| Trade School               | From:<br>To: | Yes<br><input type="checkbox"/><br>No<br><input type="checkbox"/> | Degree(s)/Certificate(s) |

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List and describe any other School or Specialized Training:

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**MILITARY:**

Have you ever served in the military? Yes  No

Branch of Service \_\_\_\_\_ Date Entered \_\_\_\_\_

Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

Are you a member of a reserve organization? Yes  No

**CAPABILITY/RELIABILITY**

Is there any reason you would be unable or unwilling to perform any of the tasks required by the job for which you are applying? Yes  No

If yes, please explain

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Will you abide by the safety rules of this company? Yes  No

Have you ever been disciplined for violating company safety rules or regulations? Yes  No

If yes, please explain

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How many days of work (or school) have you missed in the last two years? \_\_\_\_\_

Reason \_\_\_\_\_

How many times have you been late for work (or school) in the last two years? \_\_\_\_\_

Reason \_\_\_\_\_

May we contact your past and present employers? Yes  No

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **YOU MUST ACCOUNT FOR THE LAST 10 YEARS – ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**PLEASE GIVE MONTH AND YEAR.**

**DO NOT REFERENCE YOUR RESUME**

|   |                    |                                      |                                |                              |                              |
|---|--------------------|--------------------------------------|--------------------------------|------------------------------|------------------------------|
| Name or Employer<br>Address<br>City, State, Zip |                    | Name and Title of<br>Last Supervisor | Dates Employed                 |                              | Pay                          |
|   |                    |                                      | From:<br>Mo____<br>–<br>Year__ | TO:<br>Mo____<br>–<br>Year__ | Starting<br>\$____<br>Ending |
| Telephone<br>Area Code (    )                   | Nature of Business |                                      |                                |                              |                              |
| Title   |                    | Reason for Leaving                   |                                |                              |                              |
| Duties  |                    |                                      |                                |                              |                              |
| Name or Employer<br>Address<br>City, State, Zip |                    | Name and Title of<br>Last Supervisor | Dates Employed                 |                              | Pay                          |
|   |                    |                                      | From:<br>Mo____<br>–<br>Year__ | TO:<br>Mo____<br>–<br>Year__ | Starting<br>\$____<br>Ending |
| Telephone<br>Area Code (    )                   | Nature of Business |                                      |                                |                              |                              |
| Title   |                    | Reason for Leaving                   |                                |                              |                              |
| Duties  |                    |                                      |                                |                              |                              |
| Name or Employer<br>Address<br>City, State, Zip |                    | Name and Title of<br>Last Supervisor | Dates Employed                 |                              | Pay                          |
|   |                    |                                      | From:<br>Mo____<br>–<br>Year__ | TO:<br>Mo____<br>–<br>Year__ | Starting<br>\$____<br>Ending |
| Telephone<br>Area Code (    )                   | Nature of Business |                                      |                                |                              |                              |
| Title   |                    | Reason for Leaving                   |                                |                              |                              |
| Duties  |                    |                                      |                                |                              |                              |
| Name or Employer<br>Address<br>City, State, Zip |                    | Name and Title of<br>Last Supervisor | Dates Employed                 |                              | Pay                          |
|   |                    |                                      | From:<br>Mo____<br>–<br>Year__ | TO:<br>Mo____<br>–<br>Year__ | Starting<br>\$____<br>Ending |
| Telephone<br>Area Code (    )                   | Nature of Business |                                      |                                |                              |                              |
| Title   |                    | Reason for Leaving                   |                                |                              |                              |
| Duties  |                    |                                      |                                |                              |                              |

**Special Transit Confidential  
Background Check Disclosure and Authorization Form**

SECURITY DATA SHEET

|                      |                               |                              |                    |
|----------------------|-------------------------------|------------------------------|--------------------|
| Applicant Last Name  | First Name                    | Middle Initial               | Other Name(s) Used |
|                      |                               |                              |                    |
| Date of Birth: _____ | Social Security Number: _____ | Driver License Number: _____ | State: _____       |

*Please provide accurate and complete information in response to the following questions. This information will be taken into account in the employment process for both paid employees and volunteers. **Do not include** in response to any of the questions below: arrests without convictions, convictions for minor traffic offenses, or convictions or incarcerations for which a record has been sealed or expunged. **Please note that a criminal record will not necessarily disqualify you from employment.** This authorization in original or copy form, shall be valid for this and any future investigation conducted by the company.*

1. In the last ten years, have you been convicted of or pleaded guilty to a crime or other offense? Include military service convictions or guilty pleas. Yes  No
  
2. Are you currently on parole, probation, work release program, conditional release or servicing a weekend sentence as a result of a conviction or guilty plea? Yes  No
  
3. In the last ten years, have you been confined (incarcerated) as a result of the sentence of any court? (Include incarcerations resulting from the sentence of a military court or similar proceeding.) Yes  No

**If you have answered "yes" to any of the above questions, please provide the following information for each situation:**

a) The date, place of the offense and charge:

\_\_\_\_\_

\_\_\_\_\_

b) The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea:

\_\_\_\_\_

\_\_\_\_\_

c) If you have been in prison, the name and location of the facility or facilities in which you served your sentence:

\_\_\_\_\_

\_\_\_\_\_

d) Any rehabilitative efforts undertaken while in prison or following release (e.g., education, employment, counseling, etc.):

\_\_\_\_\_

\_\_\_\_\_

e) And other information that you believe is pertinent to our full understanding of this matter:

\_\_\_\_\_

\_\_\_\_\_

4. Are you presently under indictment or are you currently a defendant in any criminal proceeding? Yes  No

**If you have answered "yes," please provide the following information:**

a) The date and place of the occurrence leading to the indictment or pending charge, and the charge:

\_\_\_\_\_

\_\_\_\_\_

b) Where and when a trial is scheduled in connection with the indictment or pending charge:

\_\_\_\_\_

\_\_\_\_\_

**Please read carefully before signing below:**

*You are advised that Special Transit will be requesting a records check from the Colorado Bureau of Investigation (CBI) and any other state that you have resided or worked in within the last 10 years to verify the information provided above. Your signature below authorizes Special Transit to obtain these reports. Your signature further reflects your understanding that any misrepresented or deliberate omission of a fact on the Security Data Sheet will justify terminating consideration of your application for employment or as a volunteer, or if already employed or volunteering, you will be terminated.*

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

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*Special Transit*  
**REFERENCES**

List three persons who are not related to you and who have definite knowledge of your business or professional qualifications. You should include supervisors, co-workers, business partners, employees or any person with whom you have previous work experience. We will contact any person listed.

|  |                     |
|--|---------------------|
| <b>Name:</b>                                   |                     |
| <b>Business/Occupation:</b>                    |                     |
| <b>Address (Street, City, State, Zip Code)</b> |                     |
|  |                     |
| <b>Telephone</b>                               | <b>Relationship</b> |

|  |                     |
|--|---------------------|
| <b>Name:</b>                                   |                     |
| <b>Business/Occupation:</b>                    |                     |
| <b>Address (Street, City, State, Zip Code)</b> |                     |
|  |                     |
| <b>Telephone</b>                               | <b>Relationship</b> |

|  |                     |
|--|---------------------|
| <b>Name:</b>                                   |                     |
| <b>Business/Occupation:</b>                    |                     |
| <b>Address (Street, City, State, Zip Code)</b> |                     |
|  |                     |
| <b>Telephone</b>                               | <b>Relationship</b> |

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*Special Transit*  
Notification of Special Transit Drug Screening

Special Transit's Drug and Alcohol policy, in conjunction with the FTA regulation (FTA reg ss653.41), requires that all applicants for employment in a safety sensitive position be drug screened prior to being awarded a position at Special Transit.

Any applicant who tests positive in violation of the Special Transit Drug and Alcohol Policy will not be eligible to be hired for the safety sensitive position or which you have applied.

*I acknowledge that I have received notice of Special Transit's Drug and Alcohol screening requirements.*

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised August 9, 2006

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*Special Transit*  
Applicant Referral Survey

Name: \_\_\_\_\_

Title of position for which you are applying: \_\_\_\_\_

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please indicate how you learned of the position for which you are applying.

Select only the one source that first informed you of the opening:

- |   |  |
|---|--|
| <input type="checkbox"/> ST Employee*             | <input type="checkbox"/> Walk-in                 |
| <input type="checkbox"/> Employment Guide         | <input type="checkbox"/> Boulder Valley Bargains |
| <input type="checkbox"/> Community Service Agency | <input type="checkbox"/> Employment News         |
| <input type="checkbox"/> Longmont Times-Call      | <input type="checkbox"/> Web Site                |
| <input type="checkbox"/> Boulder Weekly           | <input type="checkbox"/> Ad On or Inside Bus     |
| <input type="checkbox"/> Boulder Daily Camera     | <input type="checkbox"/> Denver Job Guide        |
| <input type="checkbox"/> Denver Catholic Register | <input type="checkbox"/> Job Fair                |
| <input type="checkbox"/> Phone Inquiry            | <input type="checkbox"/> Internal Job Posting    |
| <input type="checkbox"/> Other**                  |  |

\* Indicate name of ST employee referred by: \_\_\_\_\_

\*\* List other newspaper, etc.: \_\_\_\_\_

**Affirmative Action  
Voluntary Information**

**SPECIAL TRANSIT**  
4880 Pearl Street  
Boulder, Colorado 80301  
303-447-2848

We request your voluntary completion of the following questionnaire to be used only for the purpose of monitoring the success of our affirmative Action Plan. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation. This is not a part of your official application for employment and is considered confidential information and will be kept in a separate file from the employment application. It will not be used in the interview process or to discriminate against or show preference for any application in the hiring decision.

Special Transit has a strong institutional commitment to the principles of diversity. In that spirit, we are particularly interested in receiving applications from a broad spectrum of people, including women, members of ethnic minorities, and individuals with disabilities.

**We consider applicants for all positions without regard to race, color, religion, sex, age, veteran status or any other legally protected status.**

**Applicant Information**

Name: \_\_\_\_\_ Sex:  Male  Female Telephone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No (If No, of what country are you a citizen?) \_\_\_\_\_

Please check your Ethnic Group:

|                                   |                          |                          |                             |                            |
|-----------------------------------|--------------------------|--------------------------|-----------------------------|----------------------------|
| White (not of<br>Hispanic origin) | African<br>American      | Hispanic/Native          | American/<br>Alaskan Native | Asian/<br>Pacific Islander |
| <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>   |

**Veterans Information**

Do you qualify as a Vietnam Era Veteran? (Any veteran of the armed services who served on active duty for at least 181 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged honorable or released sooner because of a service-related disability.)  Yes  No

Are you considered a disabled veteran by the U.S. Veterans Administration? (Any person entitled to compensation by the Veterans Administration for a disability rated at 30 percent or more, or who was discharged or released from active duty by reason of service-related disability.)  Yes  No

**Information Regarding Disabilities**

Do you wish to declare yourself as mentally or physically disabled as defined by the Americans with Disabilities Act? (Any person who has a physical or mental impairment which substantially limits one or more major life activities.)  Yes  No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_