



MASON TRANSIT AUTHORITY

# Application for Employment

790 E. JOHNS PRAIRIE ROAD  
PO Box 1880  
SHELTON, WASHINGTON 98584  
PHONE (360) 426-9434 FAX (360) 426-0899  
WEB SITE: [WWW.MASONTRANSIT.ORG](http://WWW.MASONTRANSIT.ORG)

Date and Time Stamp

**OFFICIAL USE ONLY**

Start Date \_\_\_\_\_

Employee # \_\_\_\_\_

**SECTION 1:**

MASON TRANSIT AUTHORITY ONLY ACCEPTS APPLICATIONS FOR OPEN POSITIONS. PLEASE WRITE THE NAME OF THE POSITION FOR WHICH YOU ARE APPLYING.

**POSITION APPLYING FOR:**

(SUBMIT SEPARATE APPLICATION FOR EACH POSITION)

**NAME:**

LAST

FIRST

MIDDLE

**ADDRESS:**

NUMBER

STREET

APT #

CITY

STATE

ZIP CODE

COUNTY

**HOME PHONE:**

( )

**ALTERNATE PHONE:**

CELL  MESSAGE  OTHER

( )

HOME  
 WORK

**EMAIL ADDRESS:**

LIST PREVIOUS NAME, IF ANY

**HOW DID YOU LEARN OF THIS JOB OPENING?**

- ADVERTISEMENT (LIST WHERE): \_\_\_\_\_  EMPLOYMENT SECURITY  INTERNET
- JOB POSTING  EMPLOYEE REFERRAL (NAME): \_\_\_\_\_  OTHER: \_\_\_\_\_

ARE YOU A CURRENT OR FORMER MASON TRANSIT AUTHORITY EMPLOYEE?  Yes  No

POSITION: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_

EMPLOYEE#: \_\_\_\_\_

**SECTION 2: (OPTIONAL)**

**MASON TRANSIT AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER.**

To assist us with our EEO reports, please provide the information requested. Completion of this section is optional. This information is removed and filed separately from the application.

Position Applied For: \_\_\_\_\_

**Sex**

Male  Female

**Ethnic/Origin**

- Asian or Pacific Islander  
 American Indian or Alaskan Native  
 African American  
 White  
 Hispanic

**Other Status**

Disabled  Veteran  
 Vietnam Veteran

Dates of Military Service: \_\_\_\_\_

APPLICANT NAME:

POSITION APPLYING FOR:

**SECTION 3: WORK HISTORY**

PLEASE LIST ALL YOUR WORK HISTORY, EVEN IF YOU INCLUDE A RESUME. START WITH YOUR MOST RECENT JOB, AND LIST ANY GAPS IN EMPLOYMENT. USE ADDITIONAL SHEETS AS NECESSARY. INCOMPLETE WORK HISTORY INFORMATION MAY DISQUALIFY YOU.

POSITION TITLE		COMPANY NAME		
ADDRESS		COMPANY PHONE NUMBER		
SUPERVISOR'S NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO OKAY TO CONTACT?		SUPERVISOR'S PHONE NUMBER
JOB DUTIES				
REASON FOR LEAVING	\$ CURRENT ANNUAL SALARY	# HRS WORKED PER WK	DATE HIRED (Mo / Yr)	DATE LEFT (Mo / Yr)
POSITION TITLE		COMPANY NAME		
ADDRESS		COMPANY PHONE NUMBER		
SUPERVISOR'S NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO OKAY TO CONTACT?		SUPERVISOR'S PHONE NUMBER
JOB DUTIES				
REASON FOR LEAVING	\$ CURRENT ANNUAL SALARY	# HRS WORKED PER WK	DATE HIRED (Mo / Yr)	DATE LEFT (Mo / Yr)
POSITION TITLE		COMPANY NAME		
ADDRESS		COMPANY PHONE NUMBER		
SUPERVISOR'S NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO OKAY TO CONTACT?		SUPERVISOR'S PHONE NUMBER
JOB DUTIES				
REASON FOR LEAVING	\$ CURRENT ANNUAL SALARY	# HRS WORKED PER WK	DATE HIRED (Mo / Yr)	DATE LEFT (Mo / Yr)
POSITION TITLE		COMPANY NAME		
ADDRESS		COMPANY PHONE NUMBER		
SUPERVISOR'S NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO OKAY TO CONTACT?		SUPERVISOR'S PHONE NUMBER
JOB DUTIES				
REASON FOR LEAVING	\$ CURRENT ANNUAL SALARY	# HRS WORKED PER WK	DATE HIRED (Mo / Yr)	DATE LEFT (Mo / Yr)
POSITION TITLE		COMPANY NAME		
ADDRESS		COMPANY PHONE NUMBER		
SUPERVISOR'S NAME		<input type="checkbox"/> YES <input type="checkbox"/> NO OKAY TO CONTACT?		SUPERVISOR'S PHONE NUMBER
JOB DUTIES				
REASON FOR LEAVING	\$ CURRENT ANNUAL SALARY	# HRS WORKED PER WK	DATE HIRED (Mo / Yr)	DATE LEFT (Mo / Yr)

**SECTION 4: PROFESSIONAL REFERENCES**

LIST CURRENT OR PREVIOUS SUPERVISORS OR PERSONS WHO HAVE OBSERVED YOUR ON-THE-JOB PERFORMANCE:

- |          |      |                      |            |             |
|----------|------|----------------------|------------|-------------|
| 1. _____ | NAME | ADDRESS/PHONE NUMBER | OCCUPATION | YEARS KNOWN |
|----------|------|----------------------|------------|-------------|
- |          |      |                      |            |             |
|----------|------|----------------------|------------|-------------|
| 2. _____ | NAME | ADDRESS/PHONE NUMBER | OCCUPATION | YEARS KNOWN |
|----------|------|----------------------|------------|-------------|
- |          |      |                      |            |             |
|----------|------|----------------------|------------|-------------|
| 3. _____ | NAME | ADDRESS/PHONE NUMBER | OCCUPATION | YEARS KNOWN |
|----------|------|----------------------|------------|-------------|

APPLICANT NAME:

POSITION APPLYING FOR:

**SECTION 5: EDUCATION / SKILLS**

TYPE OF SCHOOL	SCHOOL AND LOCATION	DATES OF ENROLLMENT	GRADUATED? YES OR NO	MAJOR COURSE	DEGREE
HIGH SCHOOL OR G.E.D.					
TECHNICAL/VOCATIONAL					
UNDERGRADUATE					
GRADUATE					
OTHER COURSES AND TRAINING					

LIST MEMBERSHIPS WITH PROFESSIONAL ORGANIZATIONS OR TRAINING, SKILLS, CERTIFICATES, LICENSES, AND AWARDS RELATED TO THE POSITION YOU ARE SEEKING:

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6: OTHER INFORMATION**

ARE YOU RELATED TO ANY EMPLOYEE AT MASON TRANSIT AUTHORITY?  Yes  No

IF YES, PLEASE LIST NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

*(Mason Transit Authority policy does not allow hiring members of the same family – spouse, children, step-children, parents, step-parents, grandparents, siblings, half/step siblings, mother/father-in-law, daughter/son-in-law, or persons who share the same living quarters – for jobs where 1) one may discipline the other, 2) one relative would be responsible for auditing or reviewing the work of another, 3) other circumstances exist which would place relatives in a situation of actual or reasonably foreseeable conflict between Mason Transit Authority’s interest and their own, 4) in order to avoid the reality or appearance of improper influence or favor or to protect Mason Transit Authority’s confidentiality.)*

HAVE YOU BEEN CONVICTED OR PLED NO CONTEST TO ANY CRIMINAL OFFENSE WITHIN THE LAST 10 YEARS? *(Conviction will not necessarily bar you from employment with Mason Transit Authority.)*  Yes  No If yes, please list and include dates: \_\_\_\_\_

DO YOU POSSESS A VALID DRIVER’S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		ISSUING STATE:	
DRIVER’S LICENSE #:		EXPIRATION:	
CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENDORSEMENTS:	OVER THE AGE OF 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU EVER BEEN TESTED POSITIVE ON A PRE-EMPLOYMENT DRUG AND/OR ALCOHOL TEST? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU EVER VIOLATED FTA REGULATIONS 49 CFR PART 655? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ARE YOU A US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU ELIGIBLE FOR LAWFUL EMPLOYMENT IN THE US? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLEASE NOTE: If you are applying for a safety-sensitive position, pursuant to FTA 49 CFR Part 655, you will be required to take and pass a pre-employment drug test.**

*I certify that the information given by me to Mason Transit Authority is true and complete to the best of my knowledge. I understand that if employed, false, omitted, or misleading information given by me may subject me to immediate dismissal.*

*I certify that I am not engaged in any outside activity or business that may be considered a conflict of interest with Mason Transit Authority, nor will I engage in such activity or business if employed.*

*I authorize Mason Transit Authority to conduct a background investigation and to seek information regarding my character, general reputation, credit, and previous employment history. I release all parties and persons from all claims, liabilities, and damages for providing information about my background and employment history.*

*If employed, I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the company or myself. I understand that no representative of the company other than the General Manager, or designee, has any authority to make an official offer of employment for any specified period of time or make any agreement contrary to the foregoing.*

*If employed, I agree to make myself available for medical examination and drug and alcohol testing upon request by Mason Transit Authority and in accordance with Federal Transit Administration (FTA) regulations and the Americans with Disabilities Act.*

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

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

**APPLICANT NAME:**

**POSITION APPLYING FOR:**

**MASON TRANSIT AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARTIAL STATUS, DISABILITY STATUS OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. WE VALUE AND ENCOURAGE DIVERSITY IN OUR WORKFORCE.**

APPLICANT NAME:

POSITION APPLYING FOR:

## DISCLOSURE AND RELEASE

In connection with my application for employment with **Mason County Transportation Authority**, I understand that a background report may be requested at will by **Mason County Transportation Authority**. This report may include such information as: driving record, criminal records, etc., from federal, state, and other agencies which maintain such records.

As set forth in the Fair Credit Reporting Act I have the right to request from **Mason County Transportation Authority** and the report provider, upon proper identification, the nature and substance of the information obtained from the background report.

I authorize any party or agency contacted by **Mason County Transportation Authority**, or its authorized representatives, to furnish the above-described information. I hereby authorize procurement of the background report.

Applicant Signature

Date

Name (Please Print)

**Applicant:** Please complete the following for proper identification purposes.

Name: Last First Middle Maiden (Last Used)

Social Security Number Date of Birth

### List all addresses for past 10 years:

Current Address: City County State Zip How Long?

Previous Address: City County State Zip How Long?

Previous Address: City County State Zip How Long?

Previous Address: City County State Zip How Long?

Previous Address: City County State Zip How Long?

Previous Address: City County State Zip How Long?

**APPLICANT NAME:**

**POSITION APPLYING FOR:**

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Driver's License Number and State

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List any other names or Social Security Numbers you have used.

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List any criminal convictions and provide the date(s), county/parish, and state.