

EMPLOYMENT

RECEIVED: SunLine policy prohibits discrimination on the basis of age, race,

color, religion, national origin, citizenship, sexual orientation or **APPLICATION** disability in accordance with applicable state and federal laws. APPLICATION MUST BE COMPLETED BY THE INDIVIDUAL SEEKING EMPLOYMENT. PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED.

Todav's Date					
POSITIONS APP	PLYING FOR:First Choice	Second Cho	Second Choice		
NAME AND AD	DRESS				
Name					
Las	t	First	Middle		
Current Address	Number	Street	Apt		
	City	State	Zip		
Primary Phone #	Include area code	S econdary Phone	#Include area code		
YES □	erform the essential functions of the position for which NO ase describe what type(s) of reasonable accommod				
If applying for a	Number State Number n Operations or Maintenance position, an H-6 D s within last five years YES NO	Vehicle Citations with	with application. nin last five years YES NO		
Have you been c	our legal right to work in the United States? YES (onvicted of a felony/misdemeanor within the last set (A conviction will not necessarily disquality of work overtime if required by the position? YES	even years? YES ify you for the job)	NO 🗆		
Date available for	If for SunLine before? YES NO C		Position		

VV	ORK HISTORY: Beginning with your most recent positi	on account for all your time ov	er the past 10 years.
1.	Company (current)	Start Date (from)	(to)
	Job Title		
	Business Address (Street, City, Zip)		
	Immediate Supervisor	Phone Number	
	Reason for leaving:		
	Description of Duties:		
2.	Company	Start Date (from)	(to)
	Job Title		
	Business Address (Street, City, Zip)		
	Immediate Supervisor	Phone Number	
	Reason for leaving:		
	Description of Duties:		
3.	Company	Start Date (from)	(to)
	Job Title		
	Business Address (Street, City, Zip)		
	Immediate Supervisor	Phone Number	
	Reason for leaving:		
	Description of Duties:		
4.	Company	Start Date (from)	(to)
	Job Title		
	Business Address (Street, City, Zip)		
	Immediate Supervisor	Phone Number	
	Reason for leaving:		
	Description of Duties:		

EDUCATION / SKIL	LS				
	School Name	City & State	Major	Yrs Completed	Degree / Date Completed
High School					
College or University					
Other Education / Trai	ining	1		1	J
OTHER: List below ar	ny other experience you fe	eel would be helpful in o	considering your application (i.e. professional license	, certifications or training).
COMPUTER SKILLS	_				
• •	WORD EXC			☐ OUTLOOK	∐ PUBLISHER
List other computer pr	ograms skills:				
CONSTRUCTION E	QUIPMENT / MACHIN	ES OPERATED: Lis	t below the types of construc	tion equipment and ma	chines you have used.
	olease read the ore signing below		address any ques	tions to the H	uman Resources
records; to keep and liability in any respe- any time in the cour	d preserve records of ct pursuant to this inv se of my employmen	f such investigation restigation. I certif t discovery of falsif	nt investigation of my chais. I hereby release said y that the information given ication of this record is displayed in the information as req	d companies and/or ven herein is true. cause for immediate	persons from all I understand that at e dismissal. It is also
and alcohol testing, understand that afte	and that I may be su	bject to further dru nent I may be requ	ssful completion of a program o	oughout my period	of employment. I
agree that my emplo SunLine Transit Age	syment is at-will and	that I may terminat ny job at any time v	ne rules and standards or the my job at any time for with or without notice an general manager.	any reason. I also	understand that
I certify that my	responses to tl	nis application	are true.		
Signature				Date	

SunLine Transit Agency APPLICANT QUESTIONAIRE PREVIOUS DRUG & ALCOHOL TESTING INFORMATION

Applicants must answer the following questions.

Please respond by checking Yes or No after each of the following questions.

These questions are required by US Department of Transportation Regulation 49 CFR Part 40.

In the Past Two Years:

1)	Have you had a concentration? Or Yes	ny DOT required alcohol test with a result of 0.04 or higher alcohol No
2)	Have you had a	ny verified (by MRO) positive DOT required drug/alcohol tests? No
3)	Have you refuse drug test result)	
4)	Have you had ar	ny other violation of a DOT agency drug or alcohol testing regulation? No
5)		situations in which you tested positive on a pre-employment test for a hat did not hire you? O/ No
6)		situations in which you refused to submit (including any adulterated or ig) to a pre-employment test for a DOT employer that did not hire you? No

SunLine Transit Agency APPLICATION FOR BUS OPERATOR AND MECHANICS ONLY

SunLine has the responsibility to provide the best qualified Bus Operators and Mechanics to our riding public. Therefore, if you have any of the following violations on your current driving record you will be disqualified from consideration as a SunLine Operator at this time.

- 1. Any Failure to Appear.
- 2. Any Suspended License.
- 3. Driving while under the influence of alcohol/drugs.
- Negligent, careless or reckless driving.
- 5. More than three moving violations in the previous three years.
- 6. All accidents will be reviewed on an individual basis and may be cause for disqualification.

Minimum Requirements:

- 1. High School Diploma or GED equivalent.
- 2. Must be 21 years of age or older.
- 3. Must have an acceptable driving record.
- 4. Must possess valid California license at time of application.
- 5. Must possess or have ability to obtain a valid Class B California drivers license.
 - air brakes certification
 - passenger endorsement (does not apply to Mechanics)
- Must satisfactorily pass all applicable examinations including physical, psychological, and drug and alcohol.
- 8. IF HIRED, documentation verifying your identity and authorization to work in the United States will be required.

A COPY OF APPLICANT'S DRIVING RECORD (H6) FROM THE DMV MUST BE SUBMITTED WITH APPLICATION. IF APPLICANT HAS RESIDED IN CALIFORNIA LESS THAN THREE YEARS, A COPY OF THE APPLICANT'S DRIVING RECORD FROM PREVIOUS STATE OF RESIDENCE MUST BE SUBMITTED IN ADDITION TO CALIFORNIA RECORD.

THIS APPLICATION MUST BE COMPLETED BY THE INDIVIDUAL SEEKING EMPLOYMENT. PLEASE COMPLETE ALL INFORMATION REQUESTED.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.



Equal Employment Opportunity Form

APPLICANT INFORMATION

Full Name:			
Last		First	Middle
Address:			
Street Address			
City		State	ZIP Code
Primary Phone:			
Position Applied for:			
	VOLUNTARY INF	ORMATION	
	quested in accordance with fo		
Racial or Ethnic Group			
American Indian/Al	askan Asian		Black/African American
Hispanic/Latino	Native Hawaiia	n/Pacific Islander	White/Caucasian
Two or More Races	3		
Gender			
Female	Male		
Military Service			
Pre-Vietnam Era	Vietnam Era		None
Post-Vietnam Era	O Disabled Veteran		
How did you hear about t	his position?		
Newspaper	Company Employee	е (Professional Publication
Job Fair	Placement Office		Website
Other			