



**Columbia County Public Transportation  
507 Cameron  
Dayton Washington 99328**

**PHONE (509) 382-1647  
FAX (509) 382-3004**

**Application Packet  
Columbia County Public Transportation**

**Drug Free Work Place**

**Equal Opportunity Employer**

**Please read these instructions before you complete your application.**

- 1.** Columbia County Public Transportation accepts applications by qualified persons for the job opportunities. To find current opening(s)
  - a.** Check local newspapers' classified sections.
  - b.** Columbia County Public Transportation Facebook page at [\(2\) Columbia County Public Transportation | Facebook](#)
- 2.** You may obtain an application by:
  - a.** In person at the business office.
  - b.** Downloading the application from the Columbia County Public Transportation website under Home/Employment.
- 3.** Fully complete the Columbia County Public Transportation employment application form. Stating "please see resume" instead of fully completing the application is not acceptable. Completed applications shall be submitted to the business office. Copies of fully completed application forms are accepted only if the signature and date on the application form are actual originals. Faxed or emailed applications are acceptable as long as all responses and signatures are clear and legible.
- 4.** You may attach a resume to the application. However, resumes are not accepted in lieu of fully completed application forms.
- 5.** It is mandatory that you clearly state which position you are applying for. Stating "position advertised" or "any available" will likely invalidate or at the least delay the processing of your application.
- 6.** If you are selected for an interview, you will be contacted by the business office. If you are interviewed, but not selected for a position, a reasonable effort will be made to inform you based on the contact information you provide to Columbia County Public Transportation. If the contact information is unclear and/or invalid then there will be no notification.
- 7.** This is a safety sensitive position that requires bus driving and/or clerical work.
- 8.** Columbia County Public Transportation maintains a drug and alcohol-free workplace. All applicants are required to successfully pass a complete drug and alcohol testing as a condition of employment. Employees are subject to random drug and alcohol testing.

## **APPLICATION FOR EMPLOYEMENT**

\_(Answer all questions – please print legibly)

**COLUMBIA COUNTY PUBLIC TRANSPORTATION IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT (INCLUDING APPLICATION FOR EMPLOYMENT) ON ANY BASIS INCLUDING RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, SEX, AGE, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, PREGNANCY, VETERAN OR MILITARY STATUS, OR ANY OTHER BASIS PROHIBITED BY LOCAL, STATE, AND FEDERAL LAW.**

**APPLICANTS WITH DISABILITIES MAY BE ENTITLED TO REASONABLE ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT AND CERTAIN STATE OR LOCAL LAWS. THE AVAILABILITY OF A REASONABLE ACCOMMODATION IS DEPENDENT ON THE TYPE OF JOB BEING APPLIED FOR AND SHALL NOT CREATE AN UNDUE HARDSHIP ON COLUMBIA COUNTY PUBLIC TRANSPORTATION. PLEASE CONTACT THE GENERAL MANAGER IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION OR TO OTHERWISE PARTICIPATE IN THE APPLICATION PROCESS. BASED ON COLUMBIA COUNTY PUBLIC TRANSPORTATION SERVICES, THE POSITION WILL ALSO BE SUBJECT TO DOT AND JOB REQUIREMENTS.**

**PLEASE READ AND ANSWER ALL QUESTIONS CAREFULLY. YOUR FAILURE TO RESPOND TO ALL QUESTIONS MAY DISQUALIFY THIS APPLICATION FROM FURTHER CONSIDERATION. ALL INFORMATION MUST REFLECT A COMPLETE AND ACCURATE RECORD OF YOUR EDUCATION AND EMPLOYMENT HISTORY.**

### **PERSONAL INFORMATION**

Last Name	First Name	MI
Present Street Address	City	State      Zip
Home Phone (w/area code)	Cell Phone (w/ area code)	Email Address (personal)
Position Applying for:	List any other names you'd be known by for employment records or education	

Are you legally authorized to work in the United States?  Yes  No    Are you at least 18 years of age?  Yes  No

Will you now or in the future require sponsorship for an immigration-related employment benefit?  Yes  No

### **JOB INTERESTS**

Date Available _____	Desired Salary/Hourly Rate: _____
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Have you previously applied for work at Columbia County Transit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", when and what position? _____	
How did you learn about this opportunity? (If an employee referred you, please include the employee's name) _____	
Do you have any relatives and/or friends that work at Columbia County Transit? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give name(s), relationship(s) _____	

**AVAILABILITY**

Week Days:  Yes  No    Weekends:  Yes  No    Holidays:  Yes  No    School Breaks:  Yes  No

**EMPLOYMENT HISTORY**

All driver applicants must provide the following information regarding all employers during the preceding 6 years. List complete mailing address, street number, city, state, zip code, contact person and phone number. Driver applicants who have a commercial driver license shall provide the following employer information for the past 6 years from those employers for whom you drove and used your CDL.

*(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)*

<b>Employer</b>	<b>Date</b>	
<b>Name</b>	<b>From</b>	<b>To</b>
<b>Address</b>	<b>Position Held</b>	
<b>City</b> <b>State</b> <b>Zip</b>		
<b>Contact Person</b> <b>Phone No.</b>	<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date</b>	
<b>Name</b>	<b>From</b>	<b>To</b>
<b>Address</b>	<b>Position Held</b>	
<b>City</b> <b>State</b> <b>Zip</b>		
<b>Contact Person</b> <b>Phone No.</b>	<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date</b>	
<b>Name</b>	<b>From</b>	<b>To</b>
<b>Address</b>	<b>Position Held</b>	
<b>City</b> <b>State</b> <b>Zip</b>		
<b>Contact Person</b> <b>Phone No.</b>	<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date</b>	
<b>Name</b>	<b>From</b>	<b>To</b>
<b>Address</b>	<b>Position Held</b>	
<b>City</b> <b>State</b> <b>Zip</b>		
<b>Contact Person</b> <b>Phone No.</b>	<b>Reason for Leaving</b>	

<b>Employer</b>	<b>Date</b>	
<b>Name</b>	<b>From</b>	<b>To</b>
<b>Address</b>	<b>Position Held</b>	
<b>City</b> <b>State</b> <b>Zip</b>		
<b>Contact Person</b> <b>Phone No.</b>	<b>Reason for Leaving</b>	

<b>Employer</b>		<b>Date</b>	
<b>Name</b>		<b>From</b>	<b>To</b>
<b>Address</b>		<b>Position Held</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Contact Person</b>	<b>Phone No.</b>	<b>Reason for Leaving</b>	

<b>Employer</b>		<b>Date</b>	
<b>Name</b>		<b>From</b>	<b>To</b>
<b>Address</b>		<b>Position Held</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Contact Person</b>	<b>Phone No.</b>	<b>Reason for Leaving</b>	

**EDUCATION**

Please list your educational background, beginning with High School. Include technical school and military training, etc.

Name and location of school	Major/Degree	Graduated	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**LIST OTHER COURSES AND TRAINING**

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**LIST SPECIAL EQUIPMENT OPERATED OR SYSTEMS**

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**COMPLETE THE FOLLOWING SECTIONS IF YOU ARE APPLYING FOR A DRIVER POSITION**

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE IF NONE, WRITE NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

- 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 IS YES, ATTACH STATEMENT GIVING DETAILS**

**ACCIDENT RECORD**

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 6 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY

**LIST STATES OPERATED IN FOR LAST SIX YEARS**

**LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER**

**WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?**

**LIST ANY DRIVING, TRANSPORTATION, CUSTOMER SERVICE OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR COLUMBIA COUNTY PUBLIC TRANSIT.**

**PRE-EMPLOYMENT STATEMENT**

1. *I have read and fully understand the questions in this application and I certify the answers I have given in this application are true and complete, and I understand that any false or misleading answers, omissions or concealment of facts will disqualify me from consideration of employment or, if hired and discovered at any time after employment, may lead to my immediate separation/termination of employment.*
2. *I understand that I am subject to a criminal background check after receiving a conditional offer of employment as required law.*
3. *I understand I am subject to a pre-employment drug and alcohol test after receiving a conditional offer of employment, and must receive a negative drug test result and a compliant alcohol test result in order to be permitted to commence work at Columbia County Public Transportation. I understand that where permissible under applicable federal, state and local law, I am required to provide authorization for verification of my driving history and driving licenses if such information is related to the position. I authorize Columbia County Public Transportation to request information from any and all previous DOT regulated employers that I have been employed with in the previous six years.*
4. *If hired, I agree to carry out my duties and responsibilities consistent with the provisions of the policies and expectations of Columbia County Public Transportation as well as amendments thereto. I understand that my employment is strictly “at will” and can be terminated by me or by Columbia County Public Transportation at any time without notice and without cause. I understand I will be paid only for services rendered to the time of my termination.*
5. *By my signature below, I hereby provide written authorization to any and all of my current and/or former employers, schools, or other persons to furnish to Columbia County Public Transportation any and all information they may have concerning my employment, educational history, and fitness for employment. I hereby release Columbia County Public Transportation and all providers of information from any and all liability as a result of the disclosure, furnishing and receiving this information.*
6. *I understand that this application becomes void after six (6) months unless renewed in writing by me.*

*By signing below, I certify and acknowledge that I have read and understood the statements and requirements set forth above.*

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**Signature of Applicant**

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**Date**