



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

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

**Applying for work with
Columbia County Public Transportation**

Drug Free Work Place

Equal Opportunity Employer

Please read these instructions before you complete your application.

- 1. We accept applications ONLY when we have a posted/advertised vacancy. To find out which jobs are available and posted/advertised:
 - a. Check local newspapers' classified sections.****
- 2. You may obtain an application by:
 - a. Picking one up in person at the business office.****
- 3. Complete the entire Columbia County Public Transportation employment application. Stating "please see resume" in place of filling out the application is not acceptable. Copies are accepted as long as the signature and date are original. Faxed and e-mailed applications are accepted if complete and legible.**
- 4. Make sure to state what position you are applying for. Stating "position advertised" or "any available" may result in confusion.**
- 5. You may attach a resume to the application, but resumes are not accepted in lieu of completing the application.**
- 6. Answering "yes" to the question regarding criminal conviction does not automatically eliminate you from consideration. Time since conviction, nature of the offense, truthfulness, and position applied for will be taken into consideration.**
- 7. Complete applications should be submitted to the business office.**
- 8. 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, every attempt will be made to inform you by letter.**
- 9. This is a safety sensitive position that requires bus driving and/or clerical work.**

Columbia County Public Transportation considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Columbia County Public Transportation maintains a drug and alcohol free workplace. All applicants will be subjected to drug and alcohol testing.



APPLICATION FOR EMPLOYMENT

(Answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years. Drivers License No. _____

Current Address _____

Street City State
Phone Cell Phone How Long?
Zip Code

Previous Address _____ How Long? _____

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates? From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Driver applicants who have a commercial driver license shall provide employer information going back 7 years from those employers whom you drove for with your CDL.

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

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

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

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

(Attach sheet if more space is needed)

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

List accidents

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 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 **HIGH SCHOOL:** 1 2 3 4 **COLLEGE:** 1 2 3 4

LAST SCHOOL ATTENDED _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	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 IS YES, ATTACH STATEMENT GIVING DETAILS

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				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

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

SHOW ANY DRIVING, TRANSPORTATION, CUSTOMER SERVICE OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

Please read carefully before signing.
Your signature must appear below for your application to be considered.

I hereby certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and all information supplied by me in this application are correct.

I authorize investigation of all statements and information contained in this application for employment as may be necessary to reach an employment decision. I understand that omissions, misrepresentations of the truth, false or misleading information may be cause for rejection of my application or, in the event I have been hired prior to such issues being discovered, discharge from employment with Columbia County Public Transportation.

I consent to any criminal background, driving record, employment history investigations and/or reference checks required by the position for which I am applying. Also I authorize Columbia County Public Transportation to request information from previous DOT regulated employers that I have been employed with in the previous two years.

I hereby authorize any of my current and/or former employers, schools, or other persons to furnish Columbia County Public Transportation any information they may have concerning my employment, educational history, and fitness for employment, and I release Columbia County Public Transportation and all providers of information from any liability as a result of furnishing and receiving this information.

Applicant Signature

Date

TO BE READ AND SIGNED BY APPLICANT

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 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 employers, schools health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information giving in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the Company.

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.

_____ Date Applicant's Signature

Process record

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____