



EMPLOYMENT APPLICATION

An equal opportunity employer, PTM of Boise will consider all qualified applicants without regard to race, color, religion, gender, national origin, age, veteran status, or the presence of a medical condition or disability.

Date received: _____

Please print all information

Name: _____ today's Date: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alt. Phone: _____ E-Mail Address: _____

For what position are you applying? _____ Date available to start: _____

Type of employment desired? Full Time ___ Part Time ___ On-Call ___ Temporary/Seasonal ___

Desired rate of pay: _____ For which shifts are you available: Days ___ Evenings ___ Weekend ___ Split Shift ___

Are you able to perform the essential functions of the position with or without reasonable accommodation?
(see job description) Yes ___ No ___

Have you ever applied to or previously worked for a Veolia company, ValleyRide or Valley Regional Transit? Yes ___ No ___

If yes, list location(s), position and date(s): _____

Do you have any relatives or friends currently working for ValleyRide or Valley Regional Transit? Yes ___ No ___ If yes, state their name and relationship to you: _____

Can you provide original documentation of your identity & eligibility to work in the United States? Yes ___ No ___

EDUCATION

Have you obtained a High School Diploma or GED? Yes ___ No ___

School	Graduated	School Name and Address	Degree/Certificate Earned
College/University	Yes ___ No ___		
Graduate or Professional School	Yes ___ No ___		
Trade/Business or Driving School	Yes ___ No ___		

Employment Record

Please list ALL prior employment during the past ten (10) years even if you are submitting a resume. Begin with your current or most recent employer and include military service.
Please explain gaps in employment history in the space provided.

May we contact this employer? Yes No

Employer: _____ Dates of Employment: _____
Supervisor Name & Title: _____ Phone Number: _____
Street Address: _____ City/State/Zip: _____
Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____ Position Held: _____
Summary of Duties: _____

May we contact this employer? Yes No

Employer: _____ Dates of Employment: _____
Supervisor Name & Title: _____ Phone Number: _____
Street Address: _____ City/State/Zip: _____
Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____ Position Held: _____
Summary of Duties: _____

May we contact this employer? Yes No

Employer: _____ Dates of Employment: _____
Supervisor Name & Title: _____ Phone Number: _____
Street Address: _____ City/State/Zip: _____
Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____ Position Held: _____
Summary of Duties: _____

May we contact this employer? ____ Yes ____ No

Employer: _____ Dates of Employment: _____
Supervisor Name & Title: _____ Phone Number: _____
Street Address: _____ City/State/Zip: _____
Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____ Position Held: _____
Summary of Duties: _____

Please explain any gaps in employment history. _____

List all job related licenses, certificates, professional registrations, or memberships in technical or professional associations. _____

Please complete Driver's License and Accident Record sections **ONLY** if you are applying for a safety sensitive position (Operator, Mechanic, Fueler/Cleaner, Dispatch Supervisor, or Operations Manager). **You must also attach a recent (within the last 30 days) motor vehicle record.** Your application is not considered complete without your MVR.

Driver's License Information

Do you hold a valid driver's license in this state? Yes ____ No ____

Do you hold a valid commercial driver's license (CDL) in this state? Yes ____ No ____

Unexpired License Number: _____ State: _____ Expiration Date: _____

Class: _____ Endorsements: _____

List all other states where you have held a driver's license in the last 10 years: _____

Have you ever been denied a license or permit to operate a motor vehicle? Yes ____ No ____

Has your license or permit ever been suspended or revoked? Yes ____ No ____ If you answered yes to either question, please explain: _____

Have you worked for a Department of Transportation (DOT) regulated employer and were you covered under DOT regulated drug & alcohol testing during the last two years prior to this application? Yes ____ No ____

In the past two years, have you tested positive, or refused a test on any DOT pre-employment drug or alcohol test administered by a DOT-covered employer? Yes ____ No ____

Accident Record For Past Three (3) Years

List all vehicular accidents in which you have been involved as a driver during the past three years.

Date	Description	Location

Professional References

List names, contact information and relationship of three persons, not related to you, who are familiar with your qualifications for this position:

- 1) _____
Name Best way to contact Relationship
- 2) _____
Name Best way to contact Relationship
- 3) _____
Name Best way to contact Relationship

Applicant's Statement and Signature

I certify the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize PTM of Boise, LLC, contractors, employees and any of its agents to make an investigation of any of the facts set forth in this application and release from any liability contractors, employees and any agents of PTM of Boise, LLC, and those who supply reference and background information.

I understand that neither this application nor an offer of employment constitutes an employment contract unless a specified document to that effect is executed between the employer and employee in writing.

Signature of Applicant: _____ **Date:** _____

You may submit your completed application by choosing any of the following:
fax to Human Resources @ 208.258.2763,
email to humanresources@valleyride.org ,
mail or deliver in person to
4701 S Northrup Street, Boise, ID 83705



Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, disability or any other protected class.

Position Applied For: _____ **Date:** _____

Name: _____ **Phone #:** _____

Address: _____

Referral Source: _____ Newspaper; specify name: _____

_____ Job service _____ Website _____ Friend _____ Other; please specify _____

Sex: _____ Female _____ Male

Race/Ethnic Group: (See explanations below) _____ White _____ Hispanic or Latino

_____ Black or African American _____ Native Hawaiian or Pacific Islander _____ Asian

_____ American Indian or Alaskan Native _____ Two or more races

Are you a veteran? _____ Yes _____ No

Are you a disabled veteran? _____ Yes _____ No

Are you any other protected veteran? _____ Yes _____ No

In which branch of the U.S. Military did you serve? _____ Army _____ Navy _____ Marines

_____ Air Force _____ National Guard _____ Coast Guard

Please indicate your date of birth _____ / _____ / _____

Race/Ethnic Group Explanations

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or any Pacific Islands.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native – a person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races – all persons who identify with more than one of the above six races.