



MUNCIE INDIANA TRANSIT SYSTEM EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

SPECIAL SKILLS					
	Yrs of Experience	Type		Yrs of Experience	Type
Computer			Word Processing Software		
Spreadsheet Software			Customer Service		
Dispatching			Transcribing Minutes		
Accounting			Mgmt. /Spvsry.		

SPECIAL SKILLS – MAINTENANCE					
	Yrs of Experience	Type		Yrs of Experience	Type
Med/Heavy duty diesel diag/repair			Tire Repair		
Auto Elec Systems			Multiplex Elec Systems		
Hybrid fuel vehicles			Auto Brakes		
Airbrakes			Auto AC		
Body & paint			Preventative Maint.		

Do you hold a current valid refrigerant recovery and recycling certification		Type III?	Yes _____ No _____
Do you hold a current valid fork lift operator's license?		Universal?	Yes _____ No _____

Yes _____ No _____
Yes _____ No _____

Do you have any relatives, (spouse, parent, natural/adopted/legal guarded child, brother, sister, niece, nephew, aunt, uncle, daughter-in-law, son-in-law, grandparent, grandchildren, domestic partner, or step-relationship) currently employed at MITS? Yes_____ No_____

As parts of MITS' hiring process we will check you driving history and criminal background. Please provide your:

Applicant: During the past two years have you ever:

- | DISCLAIMER AND SIGNATURE | |
|--|------|
| I certify that my answers are true and complete to the best of my knowledge. | |
| I acknowledge that any offer of employment is conditional upon successful completion of both drug screening test and a physical examination as parts of MITS' pre-employment policy. | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |



Muncie Indiana Transit System
1300 East Seymour Street
Muncie, In 47302
(765) 282 -2399 Fax
Rebecca Meadows, D.A.P.M.

I, _____ hereby allow Muncie Indiana Transit Systems to contact
(Applicant Name)
my former Department of Transportation (D.O.T.) – regulated employer(s), from the past two (2)
years, to request and receive information in accordance with 49CFR part 40.25, as indicated below:

1. Alcohol test results of .04 or higher alcohol concentration. 49CFR part 40.25 (b)(1)
2. Verified positive drug tests. 49CFR part 40.25 (b)(2)
3. Refusals to be tested (including verified adulterated or substituted drug test results). 49CFR part 40.25 (b)(3)
4. Other violations of D.O.T. agency drug and alcohol testing regulations. 49CFR part 40.25 (b)(4)
5. With respect to any employee who violated a D.O.T. drug and alcohol regulation, documentation of the employee's successful completion of D.O.T. return-to-duty requirements (including follow-up tests). 49CFR part 40.25 (b)(5)

Applicant, please list all **previous D.O.T. regulated employer(s)** from the last two (2) years:

Company Name _____	Company Name _____
Street Address _____	Street Address _____
City, State & Zip _____	City, State & Zip _____

Company Name _____	Company Name _____
Street Address _____	Street Address _____
City, State & Zip _____	City, State & Zip _____

FAILURE TO PROVIDE WRITTEN CONSENT, INCLUDING FORMER EMPLOYER(S) INFORMATION AND SIGNATURE, WILL RESULT IN YOU BEING DISQUALIFIED FOR A SAFETY SENSITIVE POSITION WITH MITS, AS PER 49CFR PART 40.25 (a)

Applicant Signature: _____	Date: _____
Witness Signature: _____	Date: _____

DATE: _____

We as an employer wish to voluntarily comply with various Federal, State, and Local Laws and Regulations which require us to monitor our Equal Employment Opportunity status on a continuing basis. In addition, we wish to voluntarily comply with the various laws and Regulations which protect the handicapped, disabled veterans and Vietnam era veterans. We desire for you to assist us in our monitoring efforts by completing this form.

Submission of this information by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested.

This information will not be kept as part of your Application for Employment, and will only be used to identify you for Government reporting purposes only.

We appreciate your assistance.

POSITION APPLIED FOR (Indicate only one position per form): _____

<u>GROUP STATUS</u> (Check One)	<u>VETERAN/HANDICAP STATUS</u> (Check One)	<u>SEX</u> (Check One)
_____ White (Not of Hispanic Origin)	_____ Not Applicable	_____ Male
_____ Black (Not of Hispanic Origin)	_____ Handicap – Not Veteran	_____ Female
_____ Asian or Pacific Islander	_____ Vietnam Veteran – Not Disabled	
_____ American Indiana or Alaskan Native	_____ Vietnam Veteran – Disabled	
	_____ Other Veteran – Disabled	
_____ Hispanic (Including Cuban, Puerto Rican, Mexican, Central or South American, etc.)	_____ Other Veteran	

REFERRAL SOURCE
(Check One)

- | | | |
|-----------------------|-----------------------------|---------------------------------|
| 1. _____ Mail In | 4. _____ Employee Referral | 7. _____ Employment Agency |
| 2. _____ State Agency | 5. _____ Advertisement | 8. _____ Intra Company Referral |
| 3. _____ Walk In | 6. _____ Executive Referral | 9. _____ Other _____ |