



INTERNAL USE ONLY:

MAINTENANCE APPLICATION FOR EMPLOYMENT

THIS APPLICATION PACKET MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE QUALIFIED FOR EMPLOYMENT CONSIDERATION. Please provide accurate, detailed information in order to accelerate the processing of these documents. Address each section and enter "N/A" if you have no information to provide – or if a question is not applicable. **PLEASE DO NOT LEAVE ANY SECTION BLANK.** A separate employment application must be completed for each position for which you wish to apply.

RESUMES WILL NOT BE ACCEPTED IN LIEU OF AN EMPLOYMENT APPLICATION.

Topeka Metropolitan Transit Authority, is an Equal Opportunity Employer, including ADA and veterans.

PERSONAL DATA

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
SOCIAL SECURITY NO.:		Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOME/PRIMARY PHONE NO.:	Alternate/Mobile Phone No.:		Email Address:		
CURRENT STREET ADDRESS:			CITY:	STATE:	ZIP CODE:
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			State:	License No.:	Expiration Date:
DL Classification: <input type="checkbox"/> Regular/Class C <input type="checkbox"/> CDL/Class A <input type="checkbox"/> CDL/Class B					

APPLICATION / EMPLOYMENT STATUS

Date of application:	Prior position(s) and date(s) of employment with Topeka Metro:	
How did you become aware of this job (incl. name of referring employee, if any)?	Job position and/or type of work for which you are applying:	
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>	Desired wage/salary:	Date available for work:
Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION HISTORY

Type of School	Name and Location of School	Did You Graduate?		Years Completed	Course of Study
HIGH SCHOOL		YES	NO		
COLLEGE, TECHNICAL or OTHER		YES	NO		
MILITARY	Branch:	Start Date:		Training & Special Skills:	
		End Date:			

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT DURING THE PAST 10 YEARS (regardless of job duties and duration of employment).

CURRENT OR MOST RECENT EMPLOYER:

(Please leave NO empty spaces below – cross out or mark “N/A” if requested information is not applicable or unavailable.)

Start Date:	Employer:			Phone:	
End Date:					
Immediate Supervisor:	Address:	City:	State:	Zip:	
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:		
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:		Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			
Was your job designated as a safety-sensitive function in any DOT-regulated mode (subject to the drug and alcohol testing requirements of 49 CFR Pt. 40)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure					

Start Date:	Employer:			Phone:	
End Date:					
Immediate Supervisor:	Address:	City:	State:	Zip:	
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:		
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:		Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			
Was your job designated as a safety-sensitive function in any DOT-regulated mode (subject to the drug and alcohol testing requirements of 49 CFR Pt. 40)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure					

Start Date:	Employer:			Phone:	
End Date:					
Immediate Supervisor:	Address:	City:	State:	Zip:	
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:		
Summarize the nature of work performed and your job responsibilities:			Reason for leaving:		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:		Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			
Was your job designated as a safety-sensitive function in any DOT-regulated mode (subject to the drug and alcohol testing requirements of 49 CFR Pt. 40)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure					

Start Date:	Employer:		Phone:	
End Date:				
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:		Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Was your job designated as a safety-sensitive function in any DOT-regulated mode (subject to the drug and alcohol testing requirements of 49 CFR Pt. 40)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure				

Start Date:	Employer:		Phone:	
End Date:				
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:		Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Was your job designated as a safety-sensitive function in any DOT-regulated mode (subject to the drug and alcohol testing requirements of 49 CFR Pt. 40)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure				

Start Date:	Employer:		Phone:	
End Date:				
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:		Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Was your job designated as a safety-sensitive function in any DOT-regulated mode (subject to the drug and alcohol testing requirements of 49 CFR Pt. 40)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure				

Start Date:	Employer:		Phone:	
End Date:				
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:		Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Was your job designated as a safety-sensitive function in any DOT-regulated mode (subject to the drug and alcohol testing requirements of 49 CFR Pt. 40)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure				

Start Date:	Employer:		Phone:	
End Date:				
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:		Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Was your job designated as a safety-sensitive function in any DOT-regulated mode (subject to the drug and alcohol testing requirements of 49 CFR Pt. 40)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure				

Start Date:	Employer:		Phone:	
End Date:				
Immediate Supervisor:	Address:	City:	State:	Zip:
Starting Job Title:	Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:		Reason for leaving:		
May we contact this employer for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not at this time – Please explain:		Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Was your job designated as a safety-sensitive function in any DOT-regulated mode (subject to the drug and alcohol testing requirements of 49 CFR Pt. 40)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure				

PERIODS OF UNEMPLOYMENT

Please provide dates and details of any periods of unemployment during the past 10 years (include gaps in employment **greater than 30 days**):

PREVIOUS DRUG & ALCOHOL TESTING

Have you ever tested positive or refused to submit to a pre-employment drug/alcohol test? Yes No

ACCIDENT RECORD

(A 3-year accident history is required – attach additional pages, if needed – or write “N/A” if not applicable.)

DATES	NATURE/DESCRIPTION OF ACCIDENT (e.g. head-on, rear-end, roll-over, etc.)	FATALITIES	INJURIES	HAZARDOUS SPILL

TRAFFIC CONVICTIONS

(A 3-year history of traffic convictions/forfeitures is required. Do not include parking violations. Write “N/A” if not applicable.)

LOCATION	DATE	CHARGE	PENALTY

CRIMINAL RECORD

Note: A criminal record or conviction may not disqualify you from consideration for employment. However, you will not be considered if you fail to truthfully complete this section.

Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please complete this section in its entirety.	Are there any felony or misdemeanor charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provided additional details here:	
Court Name/Jurisdiction & Location (e.g. Example County District Court):	Description/Disposition of Case:	Probation/Parole Officer (include name & phone number):

PHYSICAL CAPABILITIES / JOB DUTIES

***Please rate your ability to perform the following functions and tasks using a scale of 1 to 10 (1 = CANNOT PERFORM and 10 = CAN EASILY PERFORM):**

Perform minor fleet inspection procedures, including but not limited to: brakes, tires, chasis, and body.	Possess eye/hand/foot coordination sufficient to operate equipment, tools, climb ladders, and scaffolds.
Safely push, pull, reach, bend, stoop, carry, and regularly lift up to 75 lbs.	Perform facility and grounds maintenance: mowing, trimming, snow removal, minor facility repairs, painting, and custodial duties.
Perform basic service work: fueling, checking/replenishing fluid levels, tire pressure, tire changing, & minor parts replacement.	Ability to stand for long periods of time on cement floors and sit to mow grass .
Fully extend your arms overhead several times per day and occasionally reach and extend arms overhead and forward.	Ability to maintain a hand grip on fuel hose & other equipment.
Ability to work in all weather conditions.	Ability to climb stairs to enter and exit bus.

SKILLS AND QUALIFICATIONS

List licenses/degrees you currently hold; list any courses/training applicable to driving a CMV:	Date obtained/completed:

Please list your driving experience in the following areas:

CLASS OF EQUIPMENT (check appropriate box)	TYPE OF EQUIPMENT (circle your answer)	START DATE	END DATE	APPROX. NUMBER OF MILES
Straight Truck: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Tractor/Semi-trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Tractor w/2 Trailers: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Tractor w/3 Trailers: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Motor coach; Bus: <input type="checkbox"/> Yes <input type="checkbox"/> No	VAN TANK FLAT DUMP OTHER			
Other:				
List any special equipment or technical materials you can work with (unless shown above):				

ABOUT CSC AND THE HIRING PROCESS:

Constellation Service Company (CSC), provides management-consulting services to Topeka Metropolitan Transit Authority (“Company” or “Topeka Metro”). CSC is not an employment placement agency and applicants offered employment become employees of Topeka Metro. The Company has hired CSC to assist in helping to provide a safe and quality work environment.

Please review your application to ensure that all questions have been answered to the best of your ability. Failure to completely fill out this Application for Employment may result in disqualification from consideration for employment. CSC will be screening applications for completeness and accuracy. Included in this application packet is an excerpt from the federal *Fair Credit Reporting Act*, as it pertains to application screening and background checks.

THE SCREENING PROCESS MAY INCLUDE THE ACQUISITION OF AN “INVESTIGATIVE CONSUMER REPORT” INCLUDING ANY HISTORY OF CRIMINAL CONVICTIONS, JOB SAFETY, EMPLOYMENT HISTORY (INCLUDING ATTENDANCE AND/OR OTHER PERFORMANCE-RELATED ISSUES), AND OTHER INFORMATION DEEMED RELEVANT TO THE APPLICANT-SELECTION PROCESS.

I HEREBY AUTHORIZE CONSTELLATION SERVICE AND AGENTS ACTING ON BEHALF OF CSC, TO REQUEST AND OBTAIN PERTINENT INFORMATION (SPECIFIED IN THE ABOVE PARAGRAPH) FROM MY FORMER EMPLOYERS. I RELEASE ALL FORMER EMPLOYERS PROVIDING SAID INFORMATION FROM ANY AND ALL LIABILITY THAT MAY ARISE BY THE TRUTHFUL DISCLOSURE OF THE AFOREMENTIONED EMPLOYMENT INFORMATION. I FURTHER AUTHORIZE CSC TO DISCLOSE MY EMPLOYMENT HISTORY AND DATA CONTAINED WITHIN THIS APPLICATION PACKET TO COMPANIES AND/OR ORGANIZATIONS THAT HAVE A BUSINESS RELATIONSHIP WITH CSC.

I UNDERSTAND THAT IT IS THE POLICY OF THE COMPANY THAT ALL APPLICANTS OFFERED EMPLOYMENT SUCCESSFULLY COMPLETE A DRUG AND/OR ALCOHOL SCREEN PROVIDING EVIDENCE OF THE ABSENCE OF ILLICIT AND/OR IMPAIRING SUBSTANCES. I ALSO UNDERSTAND THAT A CONFIRMED TEST RESULT FOR THE PRESENCE OF AN ILLICIT AND/OR IMPAIRING SUBSTANCE, OR MY FAILURE TO SUBMIT TO A DRUG SCREEN AS DIRECTED, WILL PRECLUDE ME FROM CONSIDERATION FOR EMPLOYMENT WITH THE COMPANY FOR A PERIOD OF ONE (1) YEAR.

If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that only an authorized Company official or designee has the authority to make any assurances to the contrary. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. Topeka Metro is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, or disability in employment or the provision of services.

I certify that the information contained in this Application for Employment, including any resume or other attachment(s), is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions I have made on this application or any supplement thereto, will be sufficient grounds for rejection of this application by CSC, or **discharge from employment if already hired.**

My signature acknowledges that I have read and agree to the above statements and affirmations.

Signature:

Date: