



APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE. Fill out application form completely. DO NOT LEAVE QUESTIONS BLANK. If questions are not applicable, enter "NA". Be sure to sign when completed. Topeka Metro is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the hiring process or the provision of services. Should you wish to apply for more than one position, a separate application must be completed for each individual job opening.

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

FAILURE TO COMPLETELY FILL OUT THIS APPLICATION MAY RESULT IN DISQUALIFICATION FROM EMPLOYMENT CONSIDERATION.

PERSONAL DATA

Last Name:		First Name:		Middle Initial:
Social Security No.:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone No.:		Email Address:		Cell Phone No.:
Current Street Address:			City:	State:
			Zip Code:	
Commercial Driver's License Type/Classification:		State:	License Number:	Expiration:
Have you ever been denied a license or permit to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has any license or permit ever been revoked or suspended? <input type="checkbox"/> Yes (if yes, please give details here) <input type="checkbox"/> No		
Have you ever been denied a license or permit to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has any license or permit ever been revoked or suspended? <input type="checkbox"/> Yes (if yes, please give details here) <input type="checkbox"/> No		License Endorsements:

APPLICATION / EMPLOYMENT STATUS

Date of application:		List any prior dates of employment and positions with Topeka Metro:		
List position and/or type of work for which you are applying:			If referred to this company for employment, who provided the recommendation?	
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/>		Date available for work:	Are you acquainted with or related to any Topeka Metro employees?	
What is your desired salary range or rate of pay?	Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		List any prior dates which you applied for a position with Topeka Metro in the past:	

EDUCATION/MILITARY HISTORY

Type of School	Name and Location of School		Did You Graduate?		Years Completed	Course of Study
			Yes	No		
HIGH SCHOOL						
COLLEGE, GRADUATE, & TECHNICAL						
MILITARY	Branch:	Start Date:	End Date:	Discharge Type:	Training/Special Skills:	

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT DURING THE PRIOR 3 YEARS.

COMMERCIAL MOTOR VEHICLE/CMV-DRIVERS MUST PROVIDE AN ADDITIONAL 7 YEARS OF EMPLOYMENT HISTORY WHERE OPERATION OF A CMV WAS THE PRIMARY JOB DUTY.

NOTE: LIST EMPLOYERS IN REVERSE ORDER BEGINNING WITH YOUR MOST RECENT JOB/POSITION.

From:	To:	Employer:	Phone:		
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 reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. Please explain:		Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")

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Immediate Supervisor:		Address:	City:	State:	Zip:
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PERIODS OF UNEMPLOYMENT

Please use this space to provide an explanation of any periods of unemployment:

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ACCIDENT RECORD

For the past 3 years (Attach sheet if more space is needed) If none, write "NONE"

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

TRAFFIC CONVICTIONS

And forfeitures for the past 3 years (Other than parking violations) If none, write "NONE"

LOCATION	DATE	CHARGE	PENALTY

CRIMINAL RECORD

Note: A criminal conviction may not disqualify you from consideration for employment, but failure to accurately complete this section will result in disqualification.

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so please list <u>date</u> and <u>offense(s)</u> :
Name and location of court:	Disposition of case:
Name of probation/parole officer:	Phone no.: May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any felony or misdemeanor charges pending against you? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PHYSICAL CAPABILITIES / JOB DUTIES

The following functions may be essential requirements of this position. 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 and tires, chassis 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.	Maintain cleanliness of tools/equipment and work area.
Perform service work (i.e. fueling, checking/replenishing fluid levels, tire pressure, fleet cleanliness, tire changing, & minor part replacement).	Perform facility and grounds maintenance (i.e. mowing & trimming, snow removal, general clean up, minor facility repairs & painting, occasional custodial duties).
Fully extend your arms overhead several times per day.	Perform several tasks simultaneously and/or remain focused on the job at hand.
Work in adverse conditions or weather (i.e. dusty, windy, rainy, hot, and cold).	Work cooperatively with others and resolve problems in a responsible manner (i.e. respect the chain-of-command).
This section does not constitute a comprehensive job description and employees will be required to follow any other job related instructions and to perform any other job related duties requested by management. Rate your ability to perform tasks not usually associated with your job.	

EQUIPMENT EXPERIENCE

Please list skills & equipment experience relevant to the job for which you are applying:

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 HCI & THE HIRING PROCESS:

HCI, or Hatcher Consultants, Inc., provides management-consulting services to the Topeka Metropolitan Transit Authority (hereinafter referred to as Topeka Metro or Company). HCI is not an employment placement agency and applicants offered employment become employees of Topeka Metro. The Company has hired HCI to assist in helping 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. HCI will be screening applications for completeness, honesty, and accuracy. Failure to completely fill out this Application for Employment may result in disqualification from employment consideration. THIS SCREENING PROCESS MAY INCLUDE THE ACQUISITION OF AN "INVESTIGATIVE CONSUMER REPORT" INCLUDING ANY HISTORY OF CRIMINAL CONVICTIONS, JOB SAFETY VIOLATIONS, EMPLOYMENT HISTORY (INCLUDING ATTENDANCE AND OTHER PERFORMANCE-RELATED ISSUES), AND OTHER INFORMATION DEEMED RELEVANT TO THE APPLICANT-SELECTION PROCESS.

I HEREBY AUTHORIZE HATCHER CONSULTANTS, INC., AND AGENTS ACTING ON BEHALF OF HCI, TO REQUEST AND OBTAIN PERTINENT INFORMATION (DETAILED 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 HCI TO DISCLOSE MY EMPLOYMENT HISTORY AND DATA LISTED WITHIN THIS APPLICATION TO COMPANIES AND/OR ORGANIZATIONS THAT HAVE A BUSINESS RELATIONSHIP WITH HCI.

I UNDERSTAND THAT IT IS THE POLICY OF TOPEKA METRO 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 TOPEKA METRO FOR A PERIOD OF TWO (2) YEARS.

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.

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 HCI, or discharge from employment if already hired.

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

Applicant's Signature

Date