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## Sun transit Employment Application

***Please print or type. Some positions may also require supplemental information.***

PERSONAL INFORMATION			
First Name	MI	Last Name	
Current Street Address	City	State	Zip
Primary Phone	Secondary Phone	Email Address	
Are you eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you at least 21? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PLACEMENT INFORMATION	
Have you previously been employed at Sun transit? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes," please list position(s) and dates of employment.	
Position(s)	Dates

EMPLOYMENT / WORK EXPERIENCE <i>(attach additional sheets as needed)</i>			
<b>Complete this portion even if attaching your résumé.</b> Describe your work history over the last 5 years if applicable. List your current/most recent employer first.			
Employer Name	Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Dates (MM/DD/YYYY) From To	Position Held		Monthly Salary/ Hourly Wage

Description of Duties	Reason for Leaving
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Employer Name	Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Dates (MM/DD/YYYY) From To	Position Held		Monthly Salary/ Hourly Wage

Description of Duties	Reason for Leaving
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Employer Name	Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employment Dates (MM/DD/YYYY) From To	Position Held		Monthly Salary/ Hourly Wage

Description of Duties	Reason for Leaving
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<b>Please identify and explain gaps in employment greater than 3 months:</b>		
From (MM/DD/YYYY)	To (MM/DD/YYYY)	Reason for Unemployment

<b>EDUCATION HISTORY</b> <i>(attach additional sheets as needed)</i>			
<b>Name of School</b> <i>(Note: Applicants may be asked to provide a copy of diploma, GED, certificates or transcripts.)</i>	<b>Degree/ Certificate</b>	<b>Total Years Completed</b>	<b>Name of Certificate/ Name of Degree</b>
High School	<input type="checkbox"/> Diploma		

City, State	<input type="checkbox"/> GED <input type="checkbox"/> In process		
College/ University/ Institution	<input type="checkbox"/> Diploma <input type="checkbox"/> Certification <input type="checkbox"/> Other <input type="checkbox"/> In process		
City, State			
College/ University/ Institution	<input type="checkbox"/> Diploma <input type="checkbox"/> Certification <input type="checkbox"/> Other <input type="checkbox"/> In process		
City, State			

### REQUIRED SUPPLEMENTAL QUESTIONS *(attach additional sheets as needed)*

1. Describe your experience working with low-income people from a variety of racial, cultural and economic backgrounds.

2. Describe how your education and experience qualifies you for this position.

3. Based on the qualifications as listed in the job description, please state how you meet each of the qualifications required for the job.

<b>Certification of Applicant</b>	I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation into all statements contained in this employment application as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment. I understand that supplementary information may be required dependent upon the position for which the application is made. In the event of employment, I understand that false or misleading information given by me in my application or interviews will result in discharge.	
	Signature of Applicant _____	Date (MM/DD/YYYY) _____

***Return completed applications by email***

**APPLICANT DATA SUPPLEMENT** *(optional/voluntary)*

Thank you for completing this optional form so Sun transit's Human Resources Department may track various data. The information requested is voluntary; you are not required to provide it. This form will be removed from your application packet by the HR Department prior to distribution for screening and selection.

<b>Personal Information:</b> Date: _____ Name: _____ Position Applying for: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: _____ Preferred Pronouns: _____ <div align="right"><i>(He/him; she/her; they/them; etc.)</i></div>		
<b>Racial/ Ethnic Background:</b> If you identify as multi-racial or multi-cultural, please check all boxes that apply. <div> <input type="checkbox"/> Black or African American           <input type="checkbox"/> Asian           <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Hispanic or Latino           <input type="checkbox"/> Caucasian           <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Two or More Races           <input type="checkbox"/> Other: _____         </div>		
<b>Are you living with a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have the ability, with or without reasonable accommodation, to perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," please explain: _____		
<b>Are you a veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>How did you learn about this employment opportunity?</b>		
Friend or Relative	<input type="checkbox"/>	Name: _____
Sun transit Employee	<input type="checkbox"/>	Name: _____

Job Fair	<input type="checkbox"/>	Name and/or date of Job Fair: _____
Online Job Board/Listing	<input type="checkbox"/>	Name of Job Board/List: _____
Other	<input type="checkbox"/>	Please specify: _____

<b>Do you have relative(s) and or friend(s) employed by Sun transit? <i>If yes, please specify:</i></b>			
Name: _____	Relationship: _____	Job Title: _____	Location: _____
Name: _____	Relationship: _____	Job Title: _____	Location: _____