

# Application For Employment (At-Will)

Western Oakland Transportation Authority (WOTA) is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 calendar days of the date that the need is known or should have been known. Federal law has no such requirement.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_ Do you text? \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

M.I.

Present Address: \_\_\_\_\_

Street

City

State

Zip

Permanent Address: \_\_\_\_\_

Street

City

State

Zip

Telephone #: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No Email Address: \_\_\_\_\_

Are there any hours or days of the week you cannot work? \_\_\_\_\_ If so, when \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Type of Employment: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Name, title and phone of current employer: \_\_\_\_\_

Have you ever applied to this Company before? \_\_\_\_\_ Where? \_\_\_\_\_

Under what name? \_\_\_\_\_ When? \_\_\_\_\_

**EDUCATION:**

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
High School				
College				
Specialized Training				
Specialized Training				

Do you have US Military experience? \_\_\_\_\_ Date Entered: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Honorably? \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_



WOTA falls under the authority of the Department of Transportation and therefore requires a pre-employment drug test and random drug and alcohol testing if employed by law. Section 655.17 states: "Before performing a drug and alcohol test under this part, each employer shall notify a covered employee that the test is required by this part. No employee shall falsely represent that a test is administered under this part." Please confirm that you understand you will be required to take a pre-employment drug test and if hired will be subject to random drug and alcohol testing by initialing here: \_\_\_\_\_

Pre-Employment and random drug testing are required for safety-sensitive positions. In past employment, have you tested positive, or refused a drug test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? \_\_\_\_\_

**Please read the following statement carefully before signing to indicate your understanding.**

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the President of the company and the person to whom the writing is directed.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted\*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Company and waive any right that I might have to be provided with notice that they are releasing this information, specifically any notice rights under the Bullard-Plawecki Employee Right-to-Know Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Employers specifically excepted: \_\_\_\_\_

<b>For Employer Use Only</b>		
Interviewed By: _____	Date: _____	Hired: _____ Yes _____ No
Starting Date: _____	Position: _____	Wage: _____