

Application For Employment (At-Will)

WOTA (West Oakland Transportation Authority) 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: _____ Please note that this application will only remain active for 3 months, after which the applicant would need to reapply.

Name: _____
Last First M.I.

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Home (_____) _____ Work (_____) _____

Are you 18 years or older? _____ Yes _____ No

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
Elementary School				
High School				
College				
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?

Yes No

Have you ever been convicted of a crime except a minor traffic violation?

Yes No

If so, please state citation, date and place where offense occurred.

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

Emergency Contact:

Name Street City/State Phone

CURRENT AND FORMER EMPLOYERS: (Most Recent First)

Date Month/Year	Employer Name, Address, and Telephone	Salary Starting/ Ending	Last Position Held/ Responsibilities	Reason for Leaving
From:				
From:				
From:				
From: To:				
From:				

May we contact the employers listed? _____Yes_____No

If not, which one(s)? _____

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 WOTA prior to the test so that a reasonable accommodation can be made. WOTA 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 formally authorized by the WOTA Board.

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 WOTA 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.

I authorize a criminal background check and a check of my driver's license records, and I agree to sign authorizations for release of that information both as part of this application and in the future, if hired. I understand that refusal to do so will result in my application being considered as withdrawn and that refusal to do so while employed with WOTA could result in immediate termination of my employment.

I agree that any claim or lawsuit relating to my employment with WOTA must be filed no later than six months after the employment action that is the subject of the claim or lawsuit, unless applicable law provides for a shorter statute of limitation, in which case the shorter limitation period controls. This paragraph does not apply to claims based on federal law for which filing a charge with the Equal Employment Opportunity Commission is a prerequisite to filing a lawsuit

Employees may be asked to pass a medical examination, and/or a drug test from a WOTA appointed physician at no cost to the applicant This would occur after a conditional offer of employment and must be scheduled and complete prior to the employee's first date of employment

Candidates must provide original documents establishing their employment eligibility as required under the Immigration Reform and Control Act of 1986.

Signature

Date

* Employers specifically excepted: _____

Interviewed By: _____

Hired: _____ Yes _____ No

Date:

Starting Date: Position:

Wage:

Authorization For Background Check

The job for which you are being considered may require that we obtain a credit, consumer, and/or investigative consumer report. Therefore, we may obtain a credit history report, a report on the status of your driving record, and/or a criminal record check, in addition to checking your references. We may use any or all of these reports in making employment decisions related to this position. It is the Company's policy to consider any and all information available that is relevant to a candidate's suitability and qualifications for the position for which the candidate is being considered.

Further information on the nature and scope of such reports will be made available to you within 30 days of when you make written request. Before taking any adverse employment action on the basis of any of these reports, we will provide you with a copy of the report, as well as a copy of your FTC-prescribed summary of rights under the Fair Credit Reporting Act.

Name: _____

Please print: Last, First, Middle

Other Names Used. _____

Alias, Maiden, etc.

Social Security #: _____ Driver's License #: _____

I authorize WOTA to investigate my personal history, character, educational and training records, employment records, credit history, driving record, and criminal history, as they may be relevant to determine my suitability for employment as a with the Company. I waive any right to notice that any such information has been provided. A photocopy of this signed authorization will carry the same effect as the original. I also authorize WOTA to conduct subsequent investigations and to obtain updated driving records and criminal records during my employment with WOTA.

Signature

Date