

# V-LINE

(Valparaiso Transit Management)

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## APPLICATION FOR EMPLOYMENT

### BACKGROUND CHECKS

VTM may conduct a full background/reference/credit check on candidates for employment.

PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM

### DRUG SCREENING

VTM is committed to maintaining a DRUG-FREE workplace.

All offers of employment are contingent upon successful completion of a pre-employment drug screen. PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM

Thank you for considering applying for a position with Valparaiso Transit Management. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. Please be very careful completing this application. We use a sophisticated and detailed background and employment screening process which will disclose inaccurate, false, and/or incomplete or omitted information. This application will remain on file for 180 days from the date herein whereupon you should resubmit a new application if you are interested in a position with Valparaiso Transit Management.

**The following must be filled out completely for your application to be considered**

[Please Print Clearly or Type]

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

Have you ever used another name?  Yes  No. List all other names by which you have been known: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State Zip

Mailing Address: \_\_\_\_\_  
(if different) No. Street City State Zip

Please list the cities and corresponding state you have lived in during the past 7 years: 1 \_\_\_\_\_  
2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Have you ever used another Social Security Number?  Yes  No

Do you have a valid driver's license? \_\_\_\_\_ If so, what state: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you had a driver's license: \_\_\_\_\_ less than one year? \_\_\_\_\_ 1-2 years? \_\_\_\_\_ 3 years or more?

List all moving violations and accidents in the past three years: \_\_\_\_\_

Drivers license classification: C \_\_\_\_\_ CDL-C \_\_\_\_\_ CDL-B \_\_\_\_\_ CDL-A \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you ever been convicted for driving under the influence (DUI)? \_\_\_\_\_  Yes  No

If hired, would you have a reliable means of transportation to and from work \_\_\_\_\_  Yes  No

Are you age 21 or older \_\_\_\_\_  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

(Note: Proof of age and eligibility for employment will be required if you are hired.)

Have you ever been terminated or asked to resign from a job?  Yes  No Please explain: \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Shift Work

What days and hours are you available for work? \_\_\_\_\_

If applying for seasonal work, during what period of time will you be available? From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends \_\_\_\_\_  Yes  No

Would you be available to work overtime, if necessary? \_\_\_\_\_  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Have you ever applied to or worked for VTM before?  Yes  No If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for VTM  Yes  No If yes, state name(s) and relationship(s) \_\_\_\_\_

Do you have any commitment to another entity or person that might affect your employment with VTM?  Yes  No

If yes, describe fully: \_\_\_\_\_

**EDUCATION, TRAINING AND EXPERIENCE:**

School:	Name and Address	No. of Years Completed	Degree or Diploma	Did you Graduate?
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High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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College/University	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Vocational/Business	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Some of our customers/clients may not speak English. Do you speak, write or understand any foreign languages?  Yes  No

If yes, which language(s): \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work with Valparaiso Transit Management?  Yes  No Explain: \_\_\_\_\_

Clerical Skills:  Yes  No - Typing Speed: \_\_\_\_\_ WPM Ten Key:  Yes  No Shorthand:  Yes  No Spread Sheet:  Yes  No

Graphics  Yes  No Word Processing:  Yes  No DataBase Programs:  Yes  No Dictaphone:  Yes  No

Accounting Programs: \_\_\_\_\_ Graphic programs \_\_\_\_\_

Please describe your skills: \_\_\_\_\_

List any Computer Programs with which you are familiar: \_\_\_\_\_

**EMPLOYMENT HISTORY: List below all present and past employment for the last ten (10) years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary)**

Are you employed now?  Yes  No \_\_\_\_\_ **If Yes, may we inquire of your present employer?**  Yes  No \_\_\_\_\_

**1. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

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

\_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  \_\_\_\_\_

Monthly \_\_\_\_\_

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  Invol \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**2. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

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

\_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  \_\_\_\_\_

Monthly \_\_\_\_\_

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  Invol \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**3. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

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

\_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  \_\_\_\_\_

Monthly \_\_\_\_\_

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  Invol \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**4. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

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

No. Street City State Zip  
Telephone No. ( ) Your Supervisor's Name:

Your Position and Duties:

Date of Employment: From / / To / / Ending wage ú Hourly / ú Monthly

Did you operate a Commercial Motor Vehicle on this job? Was termination voluntary or involuntary? Vol Invol

Exact Reason for Leaving:

Have you ever, under your name or another name, been convicted of, or pleaded guilty or nolo contendere to, a felony offense? Yes No

If yes, please explain:

Have you ever, under your name or another name, been convicted of a crime, which resulted with your being in prison and released from prison or paroled? Yes No

If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s):

Are you currently awaiting or under indictment for a pending criminal offense? Yes No

If yes, state the nature of the crime charged, and when and where trial is pending:

(Note: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere] of a criminal offense; or, solely on an affirmative answer above.)

REFERENCES: List below three persons, not related to you, who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references that are not related to you.

Name	Address	Phone	Years Known
1.			
2.			
3.			

NOTICE: Thank you for completing this application form. If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed which include pre-employment drug test and may include a complete background check. If there is no opening in the position(s) you are seeking, your application will be kept active for 180 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company. Please read the following page carefully, print your name, initial, sign, and date.

I certify that all of the information provided by me on this Application is true and accurate.

Signature:

Print Name:

Date:

***VTM IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, DISABILITY OR ANY OTHER PROTECTED CHARACTERISTIC.***

**AUTHORIZATION**

***PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW  
PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED***

**PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY**

BY MY SIGNATURE AND INITIALS PLACED BELOW, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE). I UNDERSTAND THAT ANY JOB OFFER WILL BE CONDITIONAL BASED ON THE SATISFACTORY REVIEW OF MY QUALIFICATIONS INCLUDING ANY AND ALL BACKGROUND OR DRUG SCREENING WHICH MAY BE REQUIRED. \_\_\_\_\_ **INITIALS**

**DRUG & ALCOHOL SCREENING**

IF THE COMPANY MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A PHYSICAL EXAMINATION INCLUDING A PRE-EMPLOYMENT DRUG SCREEN. RESULTS WILL BE HELD IN CONFIDENCE BY VTM EXCEPT WHERE RELEASE OF SUCH INFORMATION IS REQUIRED BY LAW. \_\_\_\_\_ **INITIALS**

**AUTHORIZATION TO OBTAIN INFORMATION**

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PAST EMPLOYER; EDUCATIONAL INSTITUTION; LAW ENFORCEMENT AGENCY; STATE, LOCAL, OR FEDERAL AGENCY; MILITARY BRANCH; THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS; TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE RECORD, EDUCATIONAL HISTORY, LICENSING, EMPLOYMENT (INCLUDING CHARACTER, EARNINGS HISTORY AND REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY VTM TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. \_\_\_\_\_ **INITIALS**

**NOTIFICATION & COMPLIANCE WITH RULES**

I AGREE TO IMMEDIATELY NOTIFY VTM IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING, OR DURING MY EMPLOYMENT IF HIRED. IF I BECOME EMPLOYED, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF VTM. \_\_\_\_\_ **INITIALS**

**AGREEMENT FOR AT-WILL EMPLOYMENT**

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, OR DURING MY EMPLOYMENT IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND VTM. IN ADDITION, I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, MY EMPLOYMENT WILL BE AT-WILL, FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME, FOR ANY REASON OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE WILL OF VTM OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON VTM UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF VTM. I PROMISE THAT I HAVE NOT RELIED, AND WILL NOT RELY, ON ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY. I UNDERSTAND AND AGREE THAT THIS IS THE ENTIRE AGREEMENT BETWEEN ME AND VTM REGARDING THE TERM OF MY EMPLOYMENT AND REPLACES ANY OTHER ORAL OR WRITTEN AGREEMENT OR UNDERSTANDING. \_\_\_\_\_ **INITIALS**

**I certify that all of the information provided by me on this Application is true and accurate. Further, I have read this Authorization and voluntarily consent to all of its provisions.**

Signature: \_\_\_\_\_

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

Date \_\_\_\_\_

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