



Coos County Area Transit
 93781 Newport Lane
 Coos Bay, OR 97420
 Phone (541)267-7111 Fax (541)267-0194
www.coostransit.org

APPLICATION FOR EMPLOYMENT

Received: _____

If you are employed by CCAT, this application will become a permanent part of your personnel record. All sections of the application must be completed. An incomplete application will not be accepted. A resume will be accepted only as an addition to a completed application. CCAT is an Equal Opportunity Employer/Program. Auxiliary aids available upon request to individuals with disabilities.

PLEASE PRINT CLEARLY OR TYPE THIS ENTIRE APPLICATION

Job Title of the Position you are applying for:			Application Date
*Last Name	*First Name	Middle Name	*Home Telephone
*Street Address/Mailing Address			Business Telephone
*City	*State	*Zip	*Are you currently bondable?
*Cell Phone Number	*Email Address:		Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked at COIC before? Yes <input type="checkbox"/> No <input type="checkbox"/>			If selected, when will you be available to begin work?
Date Worked	Position Held		
<p>It is the policy of CCAT to comply with the provisions of the Immigration Reform and Control Act of 1986 and to hire only authorized workers. If you are hired, you will be asked to provide verification of your work eligibility. The type of verification required may change from time to time as federal regulations are promulgated or amended. Your employment will not be continued if you are unable or unwilling to provide the verification requested by CCAT.</p> <p>Do you have the legal right to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			<p>*If this position involves driving, do you have a valid license?" Yes <input type="checkbox"/> No <input type="checkbox"/> State Issued: Class: Passenger Endorsement <input type="checkbox"/></p>
<p>How did you hear about this position? <input type="checkbox"/> Referral: _____ <input type="checkbox"/> CCAT Website <input type="checkbox"/> WorkSource <input type="checkbox"/> SCBEC Website: _____ <input type="checkbox"/> Other Website: _____ <input type="checkbox"/> Other: _____</p>			

***EDUCATION**

School	Name and Location of School	Course of Study	Did you Graduate ?	Name of Degree or Diploma
High School and/or GED			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business/ Trade/ Technical			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Describe specialized training, military service, job-related skills, and valid professional licenses and certificates that you consider relevant to the position you are applying for:

REFERENCES

List three persons, preferably supervisors, who can speak to your past work experience and job performance.

Name	Occupation	Address	Phone

EMPLOYMENT

Please provide 10 years of work experience and list your most recent employment first. Include volunteer or unpaid work if you would like it considered. Use additional sheets as needed. **All sections must be completed.**

1

Company Name	Company Telephone Number
Company Mailing Address	Employed Dates (month and year) From To
Immediate Supervisor	Hours Worked Per Week
Job Duties	
	Position Title
Reason for Leaving	

2

Company Name	Company Telephone Number
Company Mailing Address	Employed Dates (month and year) From To
Immediate Supervisor	Hours Worked Per Week
Job Duties	
	Position Title
Reason for Leaving	

3

Company Name	Company Telephone Number
Company Mailing Address	Employed Dates (month and year) From To
Immediate Supervisor	Hours Worked Per Week
Job Duties	
	Position Title
Reason for Leaving	

4

Company Name	Company Telephone Number
Company Mailing Address	Employed Dates (month and year) From To
Immediate Supervisor	Hours Worked Per Week
Job Duties	
	Position Title
Reason for Leaving	

5

Company Name	Company Telephone Number
Company Mailing Address	Employed Dates (month and year) From To
Immediate Supervisor	Hours Worked Per Week
Job Duties	
	Position Title
Reason for Leaving	

6

Company Name	Company Telephone Number
Company Mailing Address	Employed Dates (month and year) From To
Immediate Supervisor	Hours Per Week
Job Duties	
	Position Title
Reason for Leaving	

We may contact the employers listed above. Please indicate to the right any employers you do not want us to contact.

DO NOT CONTACT	
Employer Number	Reason you do not want us to contact this employer.

SIGNATURE

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check may be conducted prior to employment with CCAT. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with CCAT.

I authorize representatives of CCAT to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts in order to determine my suitability for employment. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if hired, my employment relationship with CCAT will be "at-will," meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party. I understand that this completed application is the property of CCAT and will not be returned. I understand that I must notify the Human Resources department of CCAT of any changes in my name, address, or phone number.

I have read and understand the above information.

Applicant Signature

Date

EQUAL OPPORTUNITY INFORMATION

CCAT is an Equal Opportunity Employer. We request that you provide the following information, which will not be used in evaluating your application for employment. This section is voluntary and will be kept confidential.

Name		Date of Birth	Date
Position Applied For		Male <input type="checkbox"/>	Female <input type="checkbox"/>
White (Caucasian) <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>	
Asian <input type="checkbox"/>	Native American <input type="checkbox"/>	Other <input type="checkbox"/>	
Handicapped Yes <input type="checkbox"/> No <input type="checkbox"/>	Veteran <input type="checkbox"/> Veteran <input type="checkbox"/>	Vietnam Era Veteran <input type="checkbox"/>	Disabled
		Dates Served	

CONFIDENTIAL
SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant First Name, Middle Initial, Last Name _____ Social Security Number _____

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?
Yes _____ (if yes, complete #1 and #2) No _____ (if no, skip to #2)

1. In the last two years, have you ever:
 - a) Tested positive (0.04 or greater) for alcohol?
Yes _____ No _____
 - b) Had a verified positive drug test result?
Yes _____ No _____
 - c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?
Yes _____ No _____
 - d) Violated any other DOT drug or alcohol testing regulation within the last two years?
Yes _____ No _____
2. Have you tested positive, or refused to 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 in the last two years?
Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why:

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date

