

**Shop Applicants Application for Employment
(General Service Attendant & Bus Mechanics)**
(If applying for Bus Driver position please use Bus Driver Application)

Note to Applicant: Please advise us in advance if you need any type of special accommodation to complete this Application for Employment form or to take any pre-employment test.

Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital, or veteran status.

As a matter of policy, BJCTA consistently checks reference information, both educational and employment, of all final candidates. For this reason, it is essential that all information requested on the applicant and supplied by the applicant be accurate and complete.

Instructions: Please type or print in black ink. Be sure to answer all questions. If any does not apply to you, answer with "No" or "Not Applicable" or (N/A). **Application must be completed in its entirety.**

Position Applied for	Minimum Salary Requirement
Who referred you to our company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Employee Referral-Name _____	
<input type="checkbox"/> Mail In <input type="checkbox"/> Advertisement <input type="checkbox"/> Intra Company Referral <input type="checkbox"/> College Recruiting <input type="checkbox"/> Other _____	
Have you ever worked for the BJCTA? <input type="checkbox"/> No <input type="checkbox"/> Yes	When?
Do you have relatives employed with the BJCTA? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, name of relative
Have you ever applied with the BJCTA? <input type="checkbox"/> No <input type="checkbox"/> Yes	When?
On what date will you be available if your application for employment is accepted?	Can you perform the duties of the job in which you are applying with and/or without reasonable accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes

GENERAL INFORMATION				
Last Name	First	Middle		
Present Address - Street	City	State	Zip Code	How long?
Address for previous 3 years if different from above - Street		State	Zip Code	How long?
Additional Previous Address, if Applicable - Street	City	State	Zip Code	
Area Code and Telephone Number Home () Work ()	Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain.			
Have you ever been convicted of a felony? (Note a felony conviction is not an absolute bar to employment.) <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain.			
Name of Person to be Notified in Case of Emergency	Area Code and Telephone Number ()			

Note: A drug-screening test is required for employment.

Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date to hire. Please be prepared to submit proper documentation.

An Equal Opportunity Employer That Values Diversity

EDUCATIONAL BACKGROUND

	Name and Location of School or College	Circle Highest Grade/Year	Grade Average	Did you Graduate?	If you graduated, what was your degree and major?
Elementary and Junior High School		1 2 3 4 5 6 7 8			
High School and/or G.E.D.		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Study _____
College		1 2 3 4 How long?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Study _____
Graduate School		How long?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Study _____
Trade, Business, Correspondence or Graduate School		How long?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Study _____

CERTIFICATES and HONORS

TYPE	ORGANIZATION	YEAR	BRIEF DESCRIPTION OF AWARD

List any other training or educational programs you have attended.

List any extracurricular activities, offices held while in school.*

List any academic honors or other special recognition you have received.*

Do you have a Career Ready Certificate? Yes No If yes, ___ Gold ___ Silver ___ Bronze

*Exclude those that indicate race, color, sex, age, national origin, disability, religious preference, or mental status.

CLERICAL APPLICANTS ONLY (What specific experience have you had in the following?)

	Length of Time	Type		Length of Time	Type
Accounting			Calculator		
Billing			Shorthand		WPM
Claims			Typing		
CRT			Dictating Equipment		
Word Processing					

COMPUTER EXPERIENCE

Software Package(s)	Years	Skill Level (High, Med., Low)	Hardware (PC's or Platforms)	Years Experience or Skill Level

SHOP APPLICANTS ONLY (What mechanical experience have you had in the following?)

	Years	Months		Years	Months
Engine Tune-Up - Diesel			Brakes and Steering		
Engine Tune-Up - Gas			Lubrication		
Automotive Electrical Systems			Tire Repair		
Clutch and Transmission - Trucks			Other		

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulation? Yes No
- D. Have you in the past two (2) years failed or refused a DOT mandated Pre-employment test(s)? Yes No

IF THE ANSWER TO A, B, C OR D IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

	CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROXIMATE NUMBER OF MILES (TOTAL)
			FROM	TO	
STRAIGHT TRUCK					
AUTO OR VAN					
BUS					
OTHER					

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

WHAT EXPERIENCE HAVE YOU HAD WORKING WITH OR SUPERVISING CHILDREN? EXPLAIN.

HAVE YOU EVER DRIVEN A BUS? YES NO	IF YES, FOR WHAT COMPANY OR SCHOOL DISTRICT?	DATES	SALARY

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach additional sheet if more space is needed)

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT HISTORY

All employment for the previous 10 years must be covered below, including jobs held while in school or in the military. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Ask for additional form(s) if necessary. Please explain all periods of employment.

EMPLOYER NAME	DATES EMPLOYED (MO/YR)			SALARY	
ADDRESS	FROM:	TO:	STARTING:	LEAVING:	
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER			May we contact? Yes No		
POSITION(S) HELD - BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED:					

REASON FOR LEAVING

EMPLOYER NAME	DATES EMPLOYED (MO/YR)			SALARY	
ADDRESS	FROM:	TO:	STARTING:	LEAVING:	
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER			May we contact? Yes No		
POSITION(S) HELD - BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED:					

REASON FOR LEAVING

EMPLOYER NAME	DATES EMPLOYED (MO/YR)			SALARY	
ADDRESS	FROM:	TO:	STARTING:	LEAVING:	
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER			May we contact? Yes No		
POSITION(S) HELD - BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED:					

REASON FOR LEAVING

EMPLOYER NAME	DATES EMPLOYED (MO/YR)			SALARY	
ADDRESS	FROM:	TO:	STARTING:	LEAVING:	
SUPERVISOR'S NAME, TITLE AND PHONE NUMBER			May we contact? Yes No		
POSITION(S) HELD - BRIEFLY EXPLAIN YOUR DUTIES, RESPONSIBILITIES, AND NUMBER OF PEOPLE SUPERVISED:					

REASON FOR LEAVING

ACTIVITIES

List current membership in civic, professional, social, or other organizations.*

List past membership in civic, professional, social, or other organizations.*

List sports, hobbies, or other interests.*

* Exclude those that indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

SUMMARY OF QUALIFICATIONS

This space is provided for you to briefly summarize any additional qualifications you believe are important in considering your Application for Employment.

APPLICANT'S STATEMENT

I certify that all statements made on this Application for Employment and in any subsequently executed medical questionnaire or any other employment documents are true and correct. I understand that any false information that I give may result in termination of my candidacy or any subsequent employment.

If any employee relationship is established, I understand that such employment is terminable at will, by either myself or BJCTA and/or its subsidiaries or affiliates (the Company), at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for a specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the Board of Directors of BJCTA.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations including, but not limited to, criminal history checks from Federal, State or local authorities to ascertain any and all information of concern, whether same is of record or not, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

I authorize the Company and its representative to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may obtain information including, but not limited to, Department of Transportation (DOT) mandated Pre-employment, refusals to test, alcohol tests of >.04, other violations of the DOT alcohol and drug rules, and return to duty and follow-up testing compliance, as applicable, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information. I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test and, if necessary to determine ability to perform essential duties of the position offered, the results of a physical examination.

I certify that I have read, understand, and agree to the above.

Applicant's Signature: _____ Date: _____



Birmingham Jefferson County Transit Authority
APPLICATION FOR EMPLOYMENT
 an equal opportunity employer
EEO DATA SHEET (Voluntary)

The following information is requested for purposes of obtaining data that will enable us to implement the Affirmative Action Plan and let us know how you learned about this job. All information you provide is confidential and any disclosure of your Social Security Number, gender, ethnic group/race is voluntary. Your Social Security Number is used purely for applicant tracking purposes and will not be disclosed to third parties except where an offer of employment is extended where the position requires a background investigation

PLEASE PRINT OR TYPE

Position Title _____ **Job Announcement #:** _____

Name: _____
LAST FIRST M.I.

Mailing Address _____
STREET APT# CITY STATE ZIP CODE

() - () - _____
HOMR PHONE NUMBER ALTERNATE NUMBER E-MAIL ADDRESS

GENDER: (OPTIONAL) Female Male

REFERRAL SOURCE: How did you learn about this position? Mark all boxes applicable from the list below.

- Bulletin Boards Employment Center Web Site
 Community Center Employee referral
 College/university placement office: specify _____ Friend/word of mouth
 Community agency or group referral: specify _____ Other Web Site _____
 Newspaper: specify _____ date: _____ Radio / specify _____ TV / specify _____
 Other: _____

AFFIRMATIVE ACTION DATA

BJCTA is committed to non-discrimination in employment. To assist in this effort, the BJCTA requests that you provide the following information which will not be used in evaluation your application. Completion of this section is optional.

ETHNIC GROUP/RACE

If you identify with more than one ethnic group set forth below, we respect your desire to do so. However, it would be helpful if you mark the ONE ethnic group with which you most identify.

- B** **African American/Black:** Persons having origins in any of the black racial groups of Africa.
I **American Indian/Alaska Native:** Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
A **Asian/Pacific Islander:** Persons having origins in the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.
H **Hispanic/Latino:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.
W **White/Caucasian:** Persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.

DISABILITY

Do you meet the following disability definition? YES NO A disability is a *permanent physical, mental or sensory condition that substantially limits one or more of your major life activities*. The disability must be substantial rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means. Substantial limits means you are wither unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. This confidential information is solicited and maintained for affirmative action purposes only. It should not be construed and will not be considered as a request for accommodation.

Will you need accommodation in the application or testing process? YES NO If you checked the "YES" box, the human resources staff person coordinating this recruitment will send you a request asking for additional information. You may also contact 205-521-0161 for further assistance.

VETERAN STATUS

Dated Served: _____ to _____.

Vietnam-era Veteran **YES** **NO**

[Percent of disability: _____%] "A person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than dishonorable discharge, if any part of such active duty occurred: (1) In Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases; or, (2) was discharged or released from active duty for a service-connected disability if any part of such activity was performed; (3) in Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases."

Special Disabled Veteran **YES** **NO**

[Percent of disability: _____%] "A veteran who is entitled to compensation or who, but for the receipt of military retirement pay, would be entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability: (1) Rated at 30 percent or more; or Rated 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or, (2) A person who was discharged or released or released from active duty for a service connected disability."
