



Grant Transit Authority

116 West 5th Avenue
PO Box 870
Moses Lake, WA 98837

"An Equal Opportunity Employer"

GTA complies with State and Federal requirements for a Drug-Free Workplace

EMPLOYMENT APPLICATION

This application must be completed in full, typed or in ink, even if you are submitting a resume in addition to this application. Incomplete applications will not be included for consideration in the selection process. (The words "See Resume" under employment history are not acceptable.)

Application Date: _____ Position Applying For: _____

Name:	_____	_____	_____
	LAST	FIRST	Middle Initial
Address:	_____	_____	_____
	Number	Street	Apartment
	_____	_____	_____
	City	State/Zip Code	E-Mail Address
Contact:	_____	_____	_____
	Primary Telephone	Secondary Telephone	Emergency Contact

Schedule you are interested in (please check one): Full-Time Part-Time Either

Have you ever applied for, or been employed by GTA? Yes No
 Application Date and Position: _____
 Employment Dates and Position: _____

Are you a United States Citizen or legal alien authorized to work in the United States? Yes No

Can you provide proof of citizenship, bias, or alien registration number upon employment? Yes No

Have you ever been convicted or pled no contest to any criminal offense? Yes No
 If yes, indicate the nature of offense, date, court, and disposition:

 A criminal background will not automatically disqualify you from employment.

Are you able to work any day of the week? If No, please explain: Yes No

Are you 18 years of age or older? Yes No

GTA has a tobacco free workplace policy. Can and will you comply with this policy? Yes No

DRIVING RECORD

Do you possess a valid and current Washington State Driver's License? Yes No
 License Number: _____ Expiration Date: _____
 List any CDL/Endorsements: _____

Has your license ever been restricted, suspended or revoked? Yes No

Have you had any moving violations within the last five (5) years? Yes No

EDUCATION & TRAINING				
Type of School	School Name / Location	Years Completed (circle one)	Graduate / Degree	Major
High School		9 10 11 12 GED		
College		1 2 3 4		
College		1 2 3 4		
Graduate School		1 2 3 4		
Business or Vocational School		1 2 3 4		

Other Relevant Courses & Training	Name & Location of Institution	Dates Attended
Trade / Other		
Military		

Professional Licenses or Certificates	Serial Number	Issue Date	Expiration Date

OTHER SKILLS

Computer Equipment: _____
 Computer Software: _____

Typing Speed (WPM): _____ Data Entry (SPM): _____

Foreign Languages (Fluent): _____

Other Skills/Equipment/Tools: _____

Have you ever been terminated or quit in lieu of being terminated? If so, please explain. Yes No

Is there anything that will interfere with your ability to perform, on a regular basis, the essential duties of the job you are applying for? Yes No

EMPLOYMENT HISTORY

Beginning with your present or most recent experience, list your work/experience history. **Include periods of unemployment or self-employment. Resumés may be used for "Job Duties" description only. All other information is to be completed on application. This application must be signed on page 4 in order to be considered for any position with GTA.**

Employer: _____	Position: _____
Address: _____	Dates Employed: _____
City/State/Zip: _____	No. Employees Supervised: _____
Supervisor/Title: _____	Salary / Hourly Wage: _____
Phone: _____	No. Hours per Week: _____
Reason for Leaving: _____	
Job Duties: _____	
Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Supervisor/Title: _____	Salary / Hourly Wage: _____
Phone: _____	No. Hours per Week: _____
Reason for Leaving: _____	
Job Duties: _____	
Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Reason for Leaving: _____	
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Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Eligible for Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROFESSIONAL REFERENCES (Please List Three)

Name	Address	Telephone	Occupation	Years Known

I certify that the information given to me to GTA is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false information will result in immediate dismissal.

I authorize GTA to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any or all employers and references I have given on my application. I hereby indemnify and hold harmless all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release GTA from any liability for future references it may provide regarding my work history at GTA.

Based upon the position applied for, I understand that employment is contingent upon successful completion of a physical examination, including a drug test, as well as a criminal history background check.

In consideration of my employment, I agree that my employment can be terminated without cause, and with or without notice at any time, at the option of either GTA or myself. I understand that no representative of GTA, other than the Transit Manager, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if I lose, damage, or fail to return any GTA property, GTA is authorized to deduct from my wages sufficient funds to pay for such loss, damage or failure to return property.

Applicant Signature _____ **Date** _____

GTA AFFIRMATIVE ACTION INFORMATION FORM

GTA is an Equal Opportunity Employer. In order to assess our Affirmative Action program, we would like to request the following information. Completing the form is voluntary and the information will be used for statistical purposes only. Thank you for your assistance.

Name: _____

Position Applied For: _____

Date: _____ Gender: Male Female

Are you able to perform the essential functions of this position, with or without accommodation?
Yes No If Yes, indicate accommodations: _____

GTA will provide reasonable accommodation to disabled applicants, if requested.

Ethnic Background:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (Please Specify: _____) |
| <input type="checkbox"/> Asian | |

Veteran Status:

- Vietnam Era Veteran *
- Disabled Vietnam Veteran
- Other Veteran (Korean WWII, Etc.)

Referral Source:

- | | |
|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> WorkSource |
| <input type="checkbox"/> GTA Database Letter | <input type="checkbox"/> Current GTA Employee |
| <input type="checkbox"/> School / College | <input type="checkbox"/> Other (Please Specify) _____ |

* A person who served on active duty with the Armed Forces for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 5, 1975.