

EMPLOYMENT EXPERIENCE

List each job held in the last three years (past seven years for jobs operating a commercial motor vehicle). Start with present or last job, include military service assignments and volunteer activities that may be job related.

Employer	Phone	From		To		Describe work performed:
		MO	YR	MO	YR	
Address						
Job Title		Starting Salary:				
Supervisor		Ending Salary:				
Were you subject to the Federal Motor Carrier Safety Regulations?		Was this a safety sensitive function in any DOT regulated mode that was subject to Alcohol and controlled substance testing?				
Reason for leaving						
Employer	Phone	From		To		Describe work performed:
		MO	YR	MO	YR	
Address						
Job Title		Starting Salary:				
Supervisor		Ending Salary:				
Were you subject to the Federal Motor Carrier Safety Regulations?		Was this a safety sensitive function in any DOT regulated mode that was subject to Alcohol and controlled substance testing?				
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Job Title		Starting Salary:				
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Were you subject to the Federal Motor Carrier Safety Regulations?		Was this a safety sensitive function in any DOT regulated mode that was subject to Alcohol and controlled substance testing?				
Reason for leaving						
Employer	Phone	From		To		Describe work performed:
		MO	YR	MO	YR	
Address						
Job Title		Starting Salary:				
Supervisor		Ending Salary:				
Were you subject to the Federal Motor Carrier Safety Regulations?		Was this a safety sensitive function in any DOT regulated mode that was subject to Alcohol and controlled substance testing?				
Reason for leaving						
Have you held any jobs in the past ten years that are not listed above that required driving commercially? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Disclosure and Authorization: In processing your application for employment Steamboat Springs Transit may obtain an investigative report from Intelligent Background Check (IBC). By your signature, you are authorizing the following: I hereby request and authorize you to furnish the City of Steamboat Springs with any and all information they may request concerning my work record and performance, educational history, motor vehicle record, military record, criminal record, and information that determines my ability to perform the essential functions of the position for which I have applied. This authorization is specifically intended to include any and all information of a confidential or privileged nature. The information obtained will be used for the purposes of determining my eligibility for employment with the City of Steamboat Springs.

I hereby release you and your organization from any liability, which may, or could, result from furnishing the information requested above, or from any subsequent use of such information in determining my qualifications. You also agree to hold harmless IBC and any agent acting on behalf, from any and all liability or responsibility arising through the investigation of my background. This authorization in original or copy form, shall be valid for this and any future investigation conducted by the company.

(Signature and Date)

I certify that this application was completed by me, and that the facts set forth in this Application for Employment, or interviews(s), are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal.

I understand that Steamboat Springs Transit may require me to provide information in addition to the information already provided on this application and that Steamboat Springs Transit will investigate my safety performance history. I authorize the City of Steamboat Springs to investigate and inquire into any of the facts set forth in this application, or interview(s), which relate to past and current employers, educational institutes, persons, law enforcement agencies, medical institutions or professionals, companies corporations and credit agencies. I hereby authorize the release of information they may have about me and release them from any liability and responsibility from doing so. This authorization in original or copy form, shall be valid for this and any future information that may be required.

As a condition of employment I agree to drug testing.

I understand that as a further condition of employment, I will have to complete (or prove current receipt of) a DOT related medical examination paid by the City of Steamboat Springs.

I understand that employment with the City of Steamboat Springs is "at-will" which means that either I or the City of Steamboat Springs can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the City of Steamboat Springs has any authority to alter the foregoing.

Applicant's Signature _____ Date _____
(Applications without signature will automatically be rejected)

Please list below the nature and extent of your experience in the operation of motor vehicles, including the type of **equipment**, which you have operated, if any.

Please list all motor vehicle accidents in which you may have been involved with during the past three years. Please specify the date and nature of each accident along with any fatalities or personal injuries caused

Please list all violations of motor vehicle laws or ordinances (other than parking) of which you may have been convicted of, or forfeited bond / collateral for during the past three years.

Have you ever faced denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle? Y or N
--If Yes, then please explain below.