MOUNTAIN RIDES TRANSPORTATION AUTHORITY

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Date of Birth	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States? YES ☐ NO ☐	If no, are you authorized to work in the U.S.? YES ☐ NO ☐		
Have you ever worked for Mtn. Rides? YES ☐ NO ☐	If so, when?		
Are you related to any current Mtn. Rides employees? YES ☐ NO ☐	If yes, who?		

EDUCATION				
High School		Address		
From	To	Did you graduate? YES ☐ NO ☐		Degree
College		Address		
From	To	Did you graduate? YES ☐ NO ☐		Degree
Other		Address		
From	To	Did you graduate? YES ☐ NO ☐		Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			

QUALIFICATIONS – DRIVER (only for those applying for driving position)			
License #:	State:	CDL?	Class:
List any violations in last 3 years		Passenger Endorsement?	
Any additional driving qualifications?			

SPECIAL TRAINING OR ADDITIONAL QUALIFICATIONS (anything else you think is important to note)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

If an employee relationship is established, I understand that such employment is terminable at will, by either myself or Mountain Rides Transportation Authority, 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.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during Mountain Rides' 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 Mountain Rides 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.

It is agreed and understood that Mountain Rides may obtain Department of Transportation (DOT) mandated drug testing results including pre-employment, refusals to test, alcohol tests of >.04, other violations of 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 Mountain Rides 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:

Signature Date

PLEASE NOTE:

1. Mountain Rides Transportation Authority is an Equal Opportunity Employer. Applicants shall not be discriminated against because of race, color, sex, sexual orientation, gender identity, age, religion, national origin, disability, ancestry, marital status, veteran status, medical condition or any protected category prohibited by local, state or federal laws. Mountain Rides will make reasonable efforts to accommodate persons with disabilities or for religious reasons. Please advise Mountain Rides of any special needs in advance of employment.
2. 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.

MOUNTAIN RIDES TRANSPORTATION AUTHORITY
APPLICANT SELF-IDENTIFICATION FORM

This is a VOLUNTARY, CONFIDENTIAL form that will be kept separate from your application. Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes and to determine if our selection process assures equal employment opportunity. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check ONE box for the racial or ethnic group with which you identify:

- ☐ White (includes Arabian)
- ☐ Black (includes Jamaican, Bahamians and other Caribbean's of African but not Hispanic or Arabian descent)
- ☐ Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or Culture)
- ☐ Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- ☐ American Indians (includes Alaskans)

Please check if applicable:

- ☐ Disabled (any person with physical or mental impairment which substantially limits one or more major life activities)
- ☐ Veteran
- ☐ Disabled Veteran
- ☐ Vietnam Era Veteran

How did you find out about this employment opportunity?

- ☐ Newspaper: Specify Name_____
- ☐ Radio/TV: Specify Name_____
- ☐ Job Service
- ☐ Friend
- ☐ Other: _____

SIGNATURE: _____DATE: _____