



PASSENGER TRANSIT

COMMUNITY TRANSPORTATION SOLUTIONS

Employment Application

An Equal Opportunity Employer

Passenger Transit Inc. shares management and employment resources with Brown Cab Service Inc and Running Inc.. All companies are equal opportunity employers. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of Passenger Transit Inc.

Please complete all sections and return to: Passenger Transit Inc; 318 West Decker St. Viroqua WI 54665.

Applicant Information

Applicant Name _____

Home Phone _____

Cell Phone _____

Email Address _____

Current Address:

Number and street _____

City _____

State & Zip _____

How were you referred? _____

Employment Positions (Include city)

Driver ____ (Which location? _____) Dispatcher _____ Office _____

Work Schedule:

If hired, on what date can you start working? ____ / ____ / ____

What days and hours are you available to work?

Please check all that apply.

	12:00 AM	1:00 AM	2:00 AM	3:00 AM	4:00 AM	5:00 AM	6:00 AM	7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM	9:00 PM	10:00 PM	11:00 PM
SUN																								
MON																								
TUE																								
WED																								
THR																								
FRI																								
SAT																								

Personal Information:

Have you ever applied to/worked for Passenger Transit, Brown Cab or Running Inc. before? [] Y or [] N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Passenger Transit, Brown Cab or Running Inc.? [] Y or [] N

If yes, state name & relationship: _____

If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

Education, Training and Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma earned: _____

Vocational School:

Name: _____

Address: _____

City, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma? : _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/duties: _____

Related details: _____

Additional Information

Do you speak, write or understand any foreign languages? ☐ Y or ☐ N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be. _____

Within the previous 2 years did you work for an employer regulated by the Department of Transportation? ☐ Y or ☐ N

Employment History

Are you currently employed? ☐ Y or ☐ N If employed, may we contact your current employer? ☐ Y or ☐ N

Following, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Name of Employer: _____	Telephone Number: _____
Name of Supervisor: _____	Business Type: _____
	Address: _____
	City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? ☐ Y or ☐ N

Name of Employer: _____	Telephone Number: _____
Name of Supervisor: _____	Business Type: _____
	Address: _____
	City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? ☐ Y or ☐ N

Name of Employer: _____	Telephone Number: _____
Name of Supervisor: _____	Business Type: _____
	Address: _____
	City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? ☐ Y or ☐ N

(Continue on page 4 if you need to list additional positions.)

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____
Telephone Number: _____
Address: _____

City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____

City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____

City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Acknowledgments

Please Read and Initial Each Paragraph, then Sign Below

☐

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

☐

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

☐

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Policy Regarding Equal Opportunities & Affirmative Action

Passenger Transit Inc. will not tolerate discrimination against any employee or applicant for employment because of race, color, creed, age, sex, or national origin; Passenger Transit Inc. takes affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, age, sex, or national origin.

Applicant's Signature: _____ **Date:** _____