

# EMPLOYMENT APPLICATION



4111 Bakerview Spur  
Bellingham, WA 98226 (360) 676-6843 TTY & Voice

*"The WTA delivers safe, reliable, efficient and friendly transportation services to our community."*

**POSITION YOU ARE APPLYING FOR:**

DATE OF APPLICATION: \_\_\_\_\_

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.)

**NAME:**

LAST FIRST MIDDLE

**ADDRESS:**

NUMBER STREET APT OR SPACE #

CITY STATE ZIP

**PHONE:**

HOME WORK MESSAGE (if different)

**Are you related to any current WTA employee?**

No  Yes  If Yes: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Have you previously applied for a position at the WTA?**

No  Yes  Position: \_\_\_\_\_ Approx. Date: \_\_\_\_\_

**Are you a U.S. citizen or are you eligible for lawful employment in the U.S.?**

No  Yes

**Have you ever been convicted of a felony or released from prison within the last seven (7) years?**

No  Yes

If yes, please explain \_\_\_\_\_

*Note: A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you are applying.*

**Are you able to work any day of the week? No  Yes  Any shift? No  Yes**

## DRIVING INFORMATION

**Do you possess a valid Driver's License? Yes  No  State: \_\_\_\_\_**

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**Has your license ever been restricted, suspended or revoked?**

No  Yes  (If yes, explain) \_\_\_\_\_

**Have you had any moving violations within the last three years? No  Yes**

*An Equal Opportunity Employer  
Drug and Alcohol Free Workplace*

## U.S. MILITARY BACKGROUND

Branch of Service: \_\_\_\_\_ Date In: \_\_\_\_ \_\_\_\_ Date Out: \_\_\_\_\_

## EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME & LOCATION	MAJOR SUBJECT	CIRCLE # YEARS COMPLETED	GRADUATE Yes or No
HIGH SCH			9 10 11 12 GED	
COLLEGE			1 2 3 4	
COLLEGE			1 2 3 4	
GRAD SCH			1 2 3 4	
BUS/VOC			1 2 3 4	

OTHER RELEVANT COURSES AND TRAINING	NAME & LOCATION OF INSTITUTION	DATES ATTENDED
TRADE, OTHER MILITARY		

PROFESSIONAL LICENSES OR CERTIFICATES	SERIAL NO.	DATE ISSUED	EXPIRATION

## OTHER SKILLS

COMPUTER EQUIPMENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOREIGN LANGUAGES (fluent) \_\_\_\_\_  
 \_\_\_\_\_

OTHER SKILLS, EQUIPMENT or TOOLS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

LIST AND DESCRIBE YOUR WORK RECORD, GOING BACK AT LEAST 10 YEARS IF ABLE. BEGIN WITH YOUR **MOST RECENT EXPERIENCE**. LIST EACH POSITION WITHIN A COMPANY SEPARATELY. YOU MUST INCLUDE PERIODS OF UNEMPLOYMENT OR SELF-EMPLOYMENT. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. **APPLICATION MUST BE SIGNED ON PAGE 4 IN ORDER TO BE CONSIDERED FOR THIS POSITION.**

EMPLOYER: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ SUPERVISOR/TITLE _____ PHONE: _____ REASON FOR LEAVING: _____ JOB DUTIES: _____ _____ _____	POSITION: _____ DATES EMPLOYED: _____ # EMPLOYEES SUPERVISED _____ SALARY: _____ HOURS PER WEEK _____
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EMPLOYER: _____	POSITION: _____
ADDRESS: _____	DATES EMPLOYED: _____
CITY/STATE/ZIP: _____	# EMPLOYEES SUPERVISED _____
SUPERVISOR/TITLE _____	SALARY: _____
PHONE: _____	HOURS PER WEEK _____
REASON FOR LEAVING: _____	
JOB DUTIES: _____	
_____	
_____	

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	DATES EMPLOYED: _____
CITY/STATE/ZIP: _____	# EMPLOYEES SUPERVISED _____
SUPERVISOR/TITLE _____	SALARY: _____
PHONE: _____	HOURS PER WEEK _____
REASON FOR LEAVING: _____	
JOB DUTIES: _____	
_____	
_____	

EMPLOYER: _____	POSITION: _____
ADDRESS: _____	DATES EMPLOYED: _____
CITY/STATE/ZIP: _____	# EMPLOYEES SUPERVISED _____
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PHONE: _____	HOURS PER WEEK _____
REASON FOR LEAVING: _____	
JOB DUTIES: _____	
_____	
_____	

The Whatcom Transportation Authority has an obligation to citizens and customers to employ those who will provide safe, quality public service. To achieve this objective, WTA may conduct investigations, including verification of prior employment history and education.

By signing this application, I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and release any employer, person, firm or corporation identified from any and all liability by reason of furnishing the requested information. Further, I authorize the release of information contained in this application if requested under open-public records law. I acknowledge my awareness that false statements or failures to disclose information may be sufficient to disqualify me for employment, or, if employed, may result in my dismissal. Failure to date and sign this form will also be grounds for non-consideration.

Finally, the Whatcom Transportation Authority is a drug and alcohol-free workplace. Participation in the WTA's Fit for Work program, including drug and alcohol testing, is a requirement for consideration for any position and is a condition of employment. Therefore, I agree to adhere to the WTA's Fit for Work program, including the appropriate drug and alcohol testing.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_