

Tucson Transit Management L.L.C.

3401 E Ajo Way

Tucson, AZ 85713

# PERSONAL INFORMATION

Please print & read carefully and answer all questions	. Any omissions of information may cau	se this application to be rejected
Date of Application:	How did you learn about this job?	
Last Name:	First Name:	
Street Address:	Telephone No. ( )	
City	State Zip	
Have you resided at this address for three or more year for the past three years		
Can you upon employment provide Sun Van with proc	of of legal right to work for Sun Van in the	US? Yes No
Have you ever applied for employment with this Comp	oany before? Yes No When _	
Have you ever been previously employed with Sun Tr	an, Sun Link or Sun Van before? 🔲 Yes	s 🔄 No
If so, When		
The question below must be answered before your app please attach separate sheet of paper giving full particu from employment with Sun Van. All cases will be con	lars. A conviction or incarceration will no usidered separately based on the facts.	t necessarily or automatically bar you
During the past ten years, have you served a sentence	n jail or prison of been convicted of a misd	emeanor or felony?
If yes, explain:		
Are you currently on Probation? Yes No		
What position are you applying for?		
When can you start work?		
Are you available to work Full-Time		Temporary
Will you work any shift? Yes No If yes,	shift preferred If no,	shift you will work
Can you work weekends? Yes No		
Languages you speak:		Write:
Machines Operated:		
Typing Skills?		
Other Skills?		



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<b>Driver Data</b> The Federal Motor Carrier Safety Regulation requires Sun Van Operators and Utility Workers to be at least 21 or more years of age. Federal Motor Carrier Safety Regulation states that date of birth must be on this application.						
IF APPLYING FOR V Are you at least 21 yea Date of Birth	rs old?	Yes	No	<b>R POSITION</b> : ver's License No:		
According to the Federa a Drug Free Work Plac					complete a physical exa	amination. Sun Van is
Have you worked in a semployer or at any time				nent of Transportation	drug & alcohol testing	rules either at your last
Yes No						
Have you <u>failed</u> or <u>refu</u>	<u>sed</u> a US D	OT pre-em	ployment test in the pre	vious two years?		
Yes No	unavairad	motor vohi	ala ligangag ar narmita y	you have held in the new	st three years)	
State	all unexpired motor vehicle licenses or permits you have held in the past three years)   License Number Class   Expiration		xpiration Date			
				Cluss		
DRIVING EXPERIEN	CE (Class o	of Equipme	nt):			
Bus Mini-I	Bus 🗌 V	/an	Other			
ACCIDENT RECORD	FOR PAS	T THREE Y	ZEARS:			
	Date Nature		Nature of Accident	Injuries	Fatalities	Was either party ticketed?
Last Accident						
Next Previous						
Next Previous						
		FORFEITU	URES FOR THE PAST	, i i i i i i i i i i i i i i i i i i i		
Loca	Location		Date		Description	
Have you ever been cor	nvicted of d	riving whil	e intoxicated (DWI) or	driving under the influ	ence (DIII)? Ves	No
When?		-		-		
Have you ever been convicted of any other major traffic violation such as reckless driving, etc? Yes No						
If yes, identify violation and when occurred:						
Explain:						
Explain:						
<b>Note</b> : Drivers must be in applicants' driving recor- months prior to employ If employed, the emplo- moving violations both	ords must be ment which yee's motor	e taken into 1 will be pa r vehicle re	consideration. If emplor rt of the employee's con cord will be regularly re	oyed, the employee mu mpany record for drivin eviewed. The Company	ist provide a driving re ng purposes. y's Insuring agency co	cord for a period of 39 unts accidents and



ENTER MILITARY SE	RVICES UNDER EI	EDUCA				AINING RECEIVED
Education Elementary	City - State	Years Completed	Grade Average	Major Fiel Study		Degree, Diploma Certificate
High School		9 10 11 12				
College or University		1 2 3 4				
Commercial or Business		1 2 3 4				
Graduate or Other		1 2 3 4				
ist courses you are current Do you have a professional		valent? 🔲 Yes 🗌	No Type?		Expir	ration Date:
Dther names which employ Dne of the company's pre-e May we contact your preser	employment steps is t	to contact your previo	Are you currently	employed?	☐ Yes	□ No
Give full particulars as requestion of unemploted and the second se	oyment.		vith your most recent e	employment. I	f not con	ntinually employed,
Company Name/Address	Dates Employed Month Year	Base Rate of Pay	Type of Work P	erformed	Rea	son for Leaving
1.	From:	\$				
	To:	Per Hour				
Telephone No.			Supervisor			
2.	From:	\$				
	To:	Per Hour				
Telephone No.			Supervisor			
3.	From:	\$				
	То:	Per Hour				
Telephone No.		Supervisor				
4.	From:	\$				
	То:	Per Hour				
Telephone No.			Supervisor			
5.	From:	\$				
	То:	Per Hour				
Telephone No.			Supervisor			



What did you like most about your previous jobs?

What did you like least?

AIMS

Please state in your own words why you think you would like to work for Sun Van:\_\_\_\_\_

What are your expectations from Sun Van:\_\_\_\_\_

What are your job related plans for the future?

# ACTIVITIES

Please list job-related organizations, clubs, professional societies, or other associations to which you belong to – you may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, sexual preference, gender identity, disability or age.



#### PERSONAL REFERENCES

List two references (not relative or former employer) that you have known for at least five years

Name	Address or Email	Telephone No.	Occupation

I authorize investigation of all statements made in this application and hereby authorize previous employers, personal references, and other persons to give any and all information regarding employment, educational background or any other lawful information.

I understand any false statements, omissions, or misrepresentations appearing on this or any other employment form or medical information/examination form will sufficient reason not to hire me, and if discovered after employment, will be sufficient reason for dismissal.

I understand that an employment physical examination including a drug/alcohol test may be required. I understand that failure to take or pass a required physical examination and/or drug/alcohol test may be a determining factor in obtaining employment and may be sufficient cause for dismissal from the company if I have been employed. I further agree to submit to a potential physical examination, or a drug/alcohol test when required in accordance with any law. I understand that a drug/alcohol test when requested by management during the course of my employment is condition of continued employment.

If employed, I will abide by the existing rules of the Company and any rules and regulation as any become effective while employed, and my employment may be terminated, with or without cause, and with or without notice in accordance with any laws or labor contract at any time at the lawful option of the Company.

Except in connection with my job duties of the Company, I agree that, during the term of my employment with the Company and thereafter, I will neither reveal any confidential information to persons outside the Company nor use such confidential information on my behalf or that of any other.

I certify that all the information furnished on this form was furnished by me, is true, complete, and correct to the best of my knowledge.

Signature

Date

#### Sun Van is an Affirmative Action Equal Opportunity Employer





#### **Dear Applicant:**

Sun Van is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law or any non-related job criteria.

To help us comply with federal equal opportunity record keeping requirements, all applicants are asked to voluntarily answer the questions on this survey. In addition, the information you provide will assist us in ensuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our application population. The information provided is used solely for affirmative action obligations and in accordance with the American's with Disabilities Act. Refusal to provide this information will not subject you to any adverse employment action.

# THIS VOLUNTARY SURVEY WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE ATTACHED EMPLOYMENT APPLICATION. THANK YOU.

Name
Date of application
Title of the position for which your are now applying
Please check your age category: 18-20 21-39 40-70 over 70
Please indicate applicable veteran status:
Veteran Non Veteran
Are you disabled per the definition that follows? Yes No

An individual is considered to have a "disability" if that individual (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.



# Equal Opportunity Survey

### o Gender: (Circle appropriate response) Male Female

## **RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

\_\_Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**\_\_\_Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

\_\_Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

<u>Two or More Races (Not Hispanic or Latino)</u> - All persons who identify with more than one of the above five races.

How did you learn of the job opportunity for which you are applying?

\_\_Sun Van Job Posting \_\_Sun Van Employee \_\_Community Service Agency \_\_Website \_\_Telephone Inquiry \_\_Friend or Relative \_\_Newspaper Advertisement \_\_Other

Date Completed \_\_\_\_\_