

HURON TRANSIT CORPORATION

dba

THUMB AREA TRANSIT

Employment Application

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the Assistant Director as soon as possible

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants. This application will remain active for six (6) months from date of completion. An applicant who is not hired within that time period and who wishes to be considered for available positions must submit another application.

Huron Transit Corporation dba Thumb Area Transit (hereafter "HTC/TAT" or "Company") is an Equal Opportunity Employer. It is the Company's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

PERSONAL INFORMATION

_____ Date of Application

Name (first, middle, last)

Present Address (street, city, state, zip code)

Home Telephone or Number at Which You Can be Reached

Business Telephone

Position Desired

Salary/Hourly Rate Desired

Date Available

1. Are you at least 18 years old? Yes No

2. Work Permit No. _____ (if under 18)

3. Have you ever been convicted of a crime (including misdemeanors)? *Note:* Yes No
"convicted" includes plea bargains.

Are there any felony charges pending against you?
(A "Yes" answer to either question will not automatically disqualify you). Yes No

Explain: _____

4. Have you previously been employed by the Company? Yes No
If yes, when: _____
Under what name: _____

5. Have you submitted an application to the Company before? Yes No
If yes, when: _____
Under what name: _____

6. List any/all relatives currently employed at the Company.

Complete the following only if the position requires a driver's license:

Driver's License Number: _____

Has your driver's license ever been revoked, suspended, restricted? Yes No
If yes, for what reason and for how long? _____

List any moving violations during the last three (3) years: _____

During the last ten (10) years have you, as a driver, been involved in any vehicle accidents regardless of vehicle type (car, truck, motorcycle, ect.) regardless of who was a fault and regardless of location (highway, parking lot, terminal, etc.)? Yes No

If yes, how many? ____ For each, please indicate:

Date Time City State Type of Vehicle Driven

No. Vehicles involved No. Injured Killed

Describe Accident

Were you given a ticket? For What? Employment Related?

Date Time City State Type of Vehicle Driven

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Describe Accident

Were you given a ticket? For What? Employment Related?

(Use extra paper if necessary)

Do you currently hold a valid driver's license? Yes No

If no, please explain: _____

List the following for each current driver's license you hold

State License Number Expiration Date Class

State License Number Expiration Date Class

During the last five (5) years, have you had any driver's license(s) not listed above? Yes No

If yes, for each list:

State License Number Expiration Date Class

State	License Number	Expiration Date	Class
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Have you ever been issued a probationary license, occupational license, or other restricted license? Yes No

If yes, explain: _____

Have you ever been convicted for driving under the influence of alcohol, narcotic drugs, amphetamines, or derivatives thereof? Yes No

If yes, explain: _____

During the past ten (10) years, have you been convicted of, or forfeited bond for, any traffic violation other than parking? Yes No

If yes, for each please list:

Date	Violation	Location	Type of Vehicle
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Date	Violation	Location	Type of Vehicle
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(Use extra paper if necessary)

EDUCATIONAL HISTORY

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School: _____

GED: _____ State: _____

Schools (include trade schools) attended other than high school	Location (City and State)	Course or Major Studied	Dates Attended	Degree

Show actual experience by checking the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> General Garage Worker | <input type="checkbox"/> Cashier | <input type="checkbox"/> Lubrication Person |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Porter | <input type="checkbox"/> Office Manager |
| <input type="checkbox"/> Car Washer | <input type="checkbox"/> Clerical | <input type="checkbox"/> Janitor |
| <input type="checkbox"/> Typist | <input type="checkbox"/> Shop Foreperson | <input type="checkbox"/> Watchperson |
| <input type="checkbox"/> Body Person | <input type="checkbox"/> Parts Person | <input type="checkbox"/> Messenger |
| <input type="checkbox"/> Parts Clerical | <input type="checkbox"/> Computer Operator | <input type="checkbox"/> Biller |

If applicable, check areas of repair in which you are certified by the Michigan Department of State:

- | | |
|--|---|
| <input type="checkbox"/> Engine Tune Up | <input type="checkbox"/> Engine Repair |
| <input type="checkbox"/> Brakes, Braking Systems | <input type="checkbox"/> Front End Steering Systems |
| <input type="checkbox"/> Manual Transmission | <input type="checkbox"/> Electrical Systems |
| <input type="checkbox"/> Front and Rear Axles | <input type="checkbox"/> Heating and Air Conditioning |
| <input type="checkbox"/> Other (state) _____ | |

Mechanic's Certification No.: _____

EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment (use a separate sheet of paper if necessary)

Company Name	Company Address	Phone Number
Position Held/Job Title	Dates of Employment	
Name and Title of Immediate Supervisor		
Reason for Leaving	Hourly Wage/Salary	
Brief Description of Duties		

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In case of emergency, contact:

Name

Address

Telephone

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of *HTC/TAT*, if employed.

I understand that consideration for employment at *HTC/TAT*, is conditional upon a review of my qualifications, work history, references, etc. I authorize *HTC/TAT*, to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with *HTC/TAT*, and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to *HTC/TAT*, in connection with my application for employment with *HTC/TAT*. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to *HTC/TAT*.

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Company, with or without cause, and with or without any previous notice. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that no Company employee nor representative, other than the President, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the President. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Company are expressly superseded by the foregoing.

I agree that any claim or lawsuit relating to my service with HTC/TAT must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by *HTC/TAT*, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Dated: _____

Signature

(Applicant's name – printed)