



**EMPLOYMENT APPLICATION**

**Ludington Mass Transportation Authority**

5545 Carr St. · Ludington, MI 49431 · (231) 845-1231 · transit@lmta.us

*A person with a disability or handicap requiring accommodation for completing the application process should notify a member of management 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.*

*Ludington Mass Transportation Authority (hereafter "Company") is an Equal Opportunity Employer. It is the Company's policy to afford equal employment opportunity regardless of race, religion, gender, color, national origin, sex, age, marital status, height, weight, disability, or veteran status.*

**PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED**

Today's Date: \_\_\_\_\_

Date Available to Begin Work: \_\_\_\_\_  
Month/Day/Year

|  |          |            |       |                |
|--|----------|------------|-------|----------------|
| Last Name  |          | First Name |       | Middle Initial |
| Present Address  | Apt. No. | City       | State | Zip Code       |
| Home Telephone Or Number You Can Be Reached: (       ) - |          |            |       |                |

Can you perform the functions of the job for which you are applying?  Yes  No

*Employers must make accommodations for disabled job applicants and employees where the accommodations do not impose an undue hardship on the employer.*

*Under Michigan law, disabled employees and job applicants may request an accommodation for their disability by notifying their employer in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's rights under the Americans with Disabilities Act. Failure to properly notify the employer may preclude any claim charging that the employer failed to accommodate the disabled individual.*

Would you be available to work any day of the week, on the weekends, and evenings?

Yes  No

Have you previously been employed by this transportation system?

Yes  No

Job Title \_\_\_\_\_

Dates of that employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any relatives currently employed with this transportation system?

Yes  No

If Yes, please specify:

Name \_\_\_\_\_

Position \_\_\_\_\_

### EDUCATION

|                   |                 |  |                        |
|-------------------|-----------------|--|------------------------|
| HIGH SCHOOL       | COURSE OF STUDY | DID YOU GRADUATE?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | LIST DIPLOMA OR DEGREE |
| VOCATIONAL SCHOOL | COURSE OF STUDY | DID YOU GRADUATE?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | LIST DIPLOMA OR DEGREE |
| COLLEGE           | COURSE OF STUDY | DID YOU GRADUATE?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | LIST DIPLOMA OR DEGREE |

## WORK EXPERIENCE

List below your past two (2) employers, starting with your current/most recent job.

|                  |                |           |                             |               |
|------------------|----------------|-----------|-----------------------------|---------------|
| Name of Employer | Dates Employed |           | Address                     | Telephone No. |
|                  | From(mo/yr)    | To(mo/yr) |                             |               |
| Job Title        |                |           | Supervisor's Name and Title |               |
| Work Performed   |                |           |                             |               |

|                  |                |           |                             |               |
|------------------|----------------|-----------|-----------------------------|---------------|
| Name of Employer | Dates Employed |           | Address                     | Telephone No. |
|                  | From(mo/yr)    | To(mo/yr) |                             |               |
| Job Title        |                |           | Supervisor's Name and Title |               |
| Work Performed   |                |           |                             |               |

## ADDITIONAL QUALIFICATIONS

Briefly describe job related skills and qualifications acquired from employment or other experience which you believe will assist us in deciding if and where to employ your services.

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**DRIVING LICENSE AND RECORD**

Do you have a valid Michigan Driver's License?  Yes  No

If yes, state your license number \_\_\_\_\_

When does your driver's license expire \_\_\_\_\_

Do you have a valid Commercial Driver's License (CDL)?  Yes  No

Check all applicable boxes:

Group:  A  B  C

Endorsement:  P  X  T  N

Type:  C  O

How many moving violation points do you currently have? \_\_\_\_\_

Do you currently have any restrictions on your driver's license regarding when and for what purpose you may drive a vehicle?  Yes  No

If Yes, explain \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No

**ADDITIONAL INFORMATION**

Have you ever been convicted of a felony crime or a misdemeanor?  Yes  No

If Yes, provide the following information:

| Date | Nature of Offense | City & State | Penalty/Fine |
|------|-------------------|--------------|--------------|
|      |                   |              |              |
|      |                   |              |              |
|      |                   |              |              |

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENTS**

Information Accuracy

I confirm that all of the information furnished on this Employment Application is 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 if employed at any time from the service of this transit agency.

Background Information

I authorize all previous employers and supervisors to provide this agency's representatives, on a confidential basis, all requested information regarding me and my previous employment. I further authorize this agency to obtain civil, criminal, credit, or other records which may be required to evaluate my eligibility for employment. I also agree to release this agency and all previous employers and supervisors from any liabilities and damages that may result from furnishing information to this agency.

Drug/Alcohol Testing

I understand that an offer of employment is conditional upon the results of a drug and alcohol screening as required by law and/or defined by agency policy. I consent to that screening. I understand that a refusal to submit to a drug screening, positive drug test results, falsification of test results, or alteration of test forms will result in the disqualification of my application for employment or the termination of my employment.

Employment Status

I understand that the employment relationship at this agency is "at will," which means that it may be terminated by the employee or the agency at any time with or without notice and with or without cause. I also understand that no other statement, made orally or in writing, may change this at will relationship unless expressly stated in a document signed by both the agency's General Manager and by me stating that the at will relationship has been modified. I agree that I am willing to accept employment, if offered, based on these terms.

Claims

I agree that any action or suit against this agency, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State, but not Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims, or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against this agency, in which the agency prevails, I will pay to the agency any and all costs incurred by the agency in defense of said claims or actions, including attorney fees.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Print Name\_\_\_\_\_