

APPLICATION FOR EMPLOYMENT



**In accordance with the provisions of ADA,
this document may be requested
in an alternative format.**

TYPE OR PRINT CLEARLY IN INK

1. Position Applied For: (Specific Title)			2. Minimum Salary Requirement			
3. Name: (Last)		(First)	(Middle)			
4. Home Phone		()				
5. Present Mailing Address: (Street)		(Apt. No.)			6. Cell Phone	
(City)		(State)		(Zip Code)		
7. Other Phone		()				
8. Will accept position as follows: Full-Time 0 Part-Time 0		9. Present or previous Palm Tran employee? Yes 0 No 0 IF YES, give dates: From: _____ To: _____				
10. Relative of a Palm Tran employee? Yes 0 No 0 IF YES , give name, relationship and Department employed:						
11. Complete if position requires a valid driver's license: Do you have a valid driver's license? Yes 0 No 0 What State? _____ Has your license ever been suspended or revoked? Yes 0 No 0 If Yes, please provide dates and explain: _____			Commercial 0 A 0 B 0 C	Non-Commercial 0 E -Operator		
12. Have you ever been convicted of a felony? Yes 0 No 0 If Yes, state the court, nature of offense, disposition of case and date: _____						
NOTE: The type of offense and the nature of the position applied for are the only factors considered. Criminal background check will be conducted.						
13. Military Service Have you claimed and been employed through Veterans' Preference? Yes 0 No 0 If yes, give the name and address of employer: _____ If not, do you claim Veterans' Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes)? A) Based on active duty during wartime period? Yes 0 B) As a veteran with a compensable service-connected disability? Yes 0 (Documentation of disability must be dated within the past 12 months) C) As the un-remarried spouse of a veteran who was killed in action or who died of a service connected disability? Yes 0 D) As the spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability or as the Spouse of a person missing in action, captured or forcibly detained by a foreign power? Yes 0						
* It is the applicant's responsibility to submit current and complete documentation with this application. Documentation Includes: Department of Defense document, commonly known as form DD-214 or military discharge paper, or equivalent certification from Veterans' Affairs, listing military status, dates of service and discharge type (DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE). All documents must clearly indicate that they are copies of originals. A Veterans' Preference statement of documentation/eligibility is posted in the Human Resources office; a copy is available upon request. If applicants claiming Veterans' Preference for vacant position(s) are not selected for the position(s), they may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, S t. Petersburg, FL 33731, within 21 days after receiving notice of hiring decision.						
14. Education:		Grade / High School		College		
Circle LAST YEAR COMPLETED:		1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4		
School	Name & Address	DID YOU GRADUATE?	HOURS COMPLETED SEM	QTR	MAJOR / MINOR	DEGREE(S) AWARDED
High School		0 Yes 0 No				
Junior College		0 Yes 0 No				
College or University		0 Yes 0 No				
Graduate School		0 Yes 0 No				
			CLASS ROOM HOURS		COURSE(S)	
Vocational/Technical School		0 Yes 0 No				
Other Training		0 Yes 0 No				
15. A. List any special skills, knowledge or abilities that you possess that relate to this job opportunity. For example, list vehicles or equipment operated, special courses, training, bilingual ability, computer hardware/software skills, typing or shorthand or any other skills. _____ _____ _____						
B. List any CURRENT, VALID professional or occupational licensure(s) or certification(s) relevant to the position: (APPLICANTS ARE REQUIRED TO SUBMIT A COPY OF DOCUMENTATION WITH APPLICATION) _____ _____						

16. Employment Record

Begin with your **CURRENT** or most recent position. Describe specific duties and responsibilities held for each employer. Include the month, year and hours worked. List all periods of employment/unemployment, including self-employment, internships, or volunteer hours. Attach additional sheets as necessary. **RESUMES MAY NOT SUBSTITUTE FOR THE COMPLETED APPLICATION. IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE THE APPLICATION.**

From: Mo. Yr. Employer: Supervisor: Phone: ()

To: Mo. Yr. Address: City: State: Zip:

Hrs per week: Type of business: Phone: ()

Salary: \$ Job Title:

Did you recommend new hires/promotions/terminations and conduct performance evaluation in a supervisory capacity?
Yes 0 No 0 **If YES, number and type of employees supervised:**

Duties Performed (In Detail):

Empty lines for detailing duties performed.

Computer Software, Equipment, Machines Operated:

If no longer employed, reason for leaving: Voluntary: Yes 0 No 0

May we contact your present employer? Yes 0 No 0

From: Mo. Yr. Employer: Supervisor: Phone: ()

To: Mo. Yr. Address: City: State: Zip:

Hrs per week: Type of business: Phone: ()

Salary: \$ Job Title:

Did you recommend new hires/promotions/terminations and conduct performance evaluation in a supervisory capacity?
Yes 0 No 0 **If YES, number and type of employees supervised:**

Duties Performed (In Detail):

Empty lines for detailing duties performed.

Computer Software, Equipment, Machines Operated:

If no longer employed, reason for leaving: Voluntary: Yes 0 No 0

From: Mo. Yr. Employer: Supervisor: Phone: ()

To: Mo. Yr. Address: City: State: Zip:

Hrs per week: Type of business: Phone: ()

Salary: \$ Job Title:

Did you recommend new hires/promotions/terminations and conduct performance evaluation in a supervisory capacity?
Yes 0 No 0 **If YES, number and type of employees supervised:**

Duties Performed (In Detail):

Empty lines for detailing duties performed.

Computer Software, Equipment, Machines Operated:

If no longer employed, reason for leaving: Voluntary: Yes 0 No 0

From: Mo. Yr. Employer: Supervisor: Phone: ()

To: Mo. Yr. Address: City: State: Zip:

Hrs per week: Type of business: Phone: ()

Salary: \$ Job Title:

Did you recommend new hires/promotions/terminations and conduct performance evaluation in a supervisory capacity?
Yes 0 No 0 **If YES, number and type of employees supervised:**

Duties Performed (In Detail):

Empty lines for detailing duties performed.

Computer Software, Equipment, Machines Operated:

If no longer employed, reason for leaving: Voluntary: Yes 0 No 0

17. Please use additional sheet(s) to explain other previous employment, if necessary.

To the best of my knowledge, all statements and information I have given in this application are true. I hereby authorize the Human Resources Department to verify this information to determine my capabilities for employment. **I UNDERSTAND THAT ANY STATEMENTS FOUND NOT TO BE MATERIALLY ACCURATE MAY CONSTITUTE GROUNDS FOR MY DISMISSAL OR MAY DISQUALIFY ME FROM CONSIDERATION FOR ANY POSITIONS. THE OMISSION OF REQUIRED OR MATERIAL INFORMATION (SUCH AS PRIOR JOBS) MAY BE CONSIDERED AS GROUNDS FOR DISMISSAL OR DISQUALIFICATION . I AUTHORIZE RELEASE OF INFORMATION FOR REFERENCE CHECKS.** In accordance with Public Records Law, Chapter 119, F.S., information provided on this application may be "inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or his designee."

Applications not received by 4:30 P.M. on closing date will not be considered.

Signature: _____

Date: _____

Application Data Record

Applicants for employment with Palm Tran considered without regard to race, color, religion, sex, sexual preference, national origin, age, disability or marital status. However, the Federal Government requires that statistics be kept on the number of women, minorities, veterans and disabled persons who apply for jobs. Information provided below will be used for statistical purposes only and will be kept apart from the Application for Employment during the entire hiring process.

Check One: Male Female

Check One of the Following Race/Ethnic Groups: White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Check Any That Apply to You: Wartime Period Veteran Disabled Veteran Disabled Person Not Entitled to Veterans' Preference*

***In accordance with Affirmative Action requirements of Sec. 503 of the Rehabilitation Act of 1973, as amended, and The Americans with Disabilities Act of 1990, Palm Tran invites disabled applicants to inform the Human Resources Office if they need any assistive device or special Accommodation to compete for, or, if selected, to be employed in the position for which they have applied.**

Position For Which You Are Applying: _____

Application Date: _____

INSTRUCTIONS FOR COMPLETING EMPLOYMENT APPLICATIONS

Applications are accepted for currently advertised positions only. Before completing the application, you should review the job advertisement. If you have performed any of the qualifications and preferences listed in the ad, **describe them in detail** on the documents submitted and emphasize areas related to the position.

1. Print legibly in ink or type your application. Resumes are accepted as part of an application - not in place of one. Have pertinent information concerning your employment history and professional/occupational skills, certifications and licensures available so that you can easily transfer this information onto the application.
2. Indicate the title of the position for which you are applying and minimum salary requirement (Nos. 1-2).
3. Include your name, current and complete mailing address, home, cell and "other" telephone numbers (Nos. 3-7).
4. Indicate type of employment (Full and/or Part-Time), present or previous Palm Tran employee and whether you are related to a Palm Tran employee (Nos. 7-10).
5. Complete driver's license information if the position requires a valid drivers license. Check the type of license ("Commercial" A/B/C, "Non-Commercial" E); include dates of suspension or revocation, and list any special endorsements (No. 11).
6. List any felony convictions. State the nature of offense, disposition of case and date (No. 12).
7. Indicate whether you have claimed and have been employed through Veterans' Preference. If claiming preference, check the appropriate box and attach the required documentation (No. 13).
8. Circle the last year of education completed and list the name, address of High School, College, Graduate School, Vocational/Technical School and Other Training (if applicable). Indicate whether you graduated. Include the credits: SEMESTER or QUARTER/CLASSROOM HOURS completed, MAJOR/MINOR and DEGREE(S) AWARDED (No. 14).
9. List any special skills, knowledge or abilities related to the position, e.g., vehicles or equipment operated, courses, training, bilingual (what languages) computer hardware/software, etc... Indicate any current, VALID professional or occupational licensure, registration or certification or memberships relevant to the position. Include documentation with application (No. 15A & B).
10. Note the confidential Application Data Record information at the bottom of the application. The data will assist us in filing official employment/recruitment reports with the U.S. Government. Should you choose to provide this voluntary information, please complete all items as shown.
11. On the **Employment Record**, **begin with your present or most recent job** in completing your application. Again - this information must be provided - **a resume will not substitute**. Fill in all spaces provided in detail (No. 16).

- a. You must list employer, complete address, month and year of beginning and ending of employment, hours worked per week, telephone number, and salary.
 - b. You must describe in detail specific duties you performed for each position. Indicate whether you recommended new hires/promotions/terminations and conducted performance evaluations in a supervisory capacity. If so, include the number and type of employees you supervised.
 - c. Fill in all computer software, equipment (operated on the job), machines operated (office/construction). Please be specific.
 - d. Note "Reason for Leaving" previous positions and indicate if your separation was voluntary.
12. **SIGN AND DATE THE APPLICATION.** You may include an additional sheet(s) or a resume to explain previous employment if necessary (No. 17).

By following the above instructions, you can help to ensure we have the information we need to objectively review your application(s) and better serve you.

HUMAN RESOURCES
3201 Electronics Way, West Palm Beach, Florida 33407
(561) 841-4200
<http://www.palmtran.org>