

# EASTERN UPPER PENINSULA TRANSPORTATION AUTHORITY (E.U.P.T.A.)

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION	DATE
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NAME

LAST	FIRST	MIDDLE
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PRESENT ADDRESS

STREET	CITY	STATE	ZIP
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PERMANENT ADDRESS

STREET	CITY	STATE	ZIP
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PHONE NO. ARE YOU 18 YEARS OR OLDER? Y  N

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? Y  N

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW? Y  N  IF SO, MAY WE INQUIRE OF YOUR PAST AND PRESENT EMPLOYERS? Y  N

EVER APPLIED TO THIS COMPANY BEFORE? Y  N  WHERE? WHEN?

REFERRED BY

EDUCATION	NAME / LOCATION OF SCHOOL	YEARS COMPLETED	DIPLOMA/DEGREE	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
VOCATIONAL/TRADE				

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

*EXCLUDE ORGANIZATIONS. THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, OR NATION OF ORIGIN OF ITS MEMBERS.*

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES Y <input type="checkbox"/> N <input type="checkbox"/>
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This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**Please complete both pages of form**

**WORK EXPERIENCE (LIST MOST CURRENT JOB FIRST)**

EMPLOYMENT MONTH AND YEAR	NAME AND PHONE OF EMPLOYER	HOURLY RATE/ SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

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WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	BUSINESS	PHONE NUMBER	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY

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Name	Phone
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"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

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Signature	Date
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*This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is used for general use throughout the United States.*