

**SOUTHWESTERN VIRGINIA TRANSIT  
MANAGEMENT COMPANY "B7"**

P.O. BOX 13247  
ROANOKE, VIRGINIA 24032

**APPLICATION FOR EMPLOYMENT**

Southwestern Virginia Transit Management Company (SVTMC) is an Equal Employment Opportunity employer and does not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

**POSITION APPLYING FOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(complete a separate application for each position for which you are applying)

**GENERAL INFORMATION**

Last Name:	First Name:	Middle Initial:	Previous name(s) used:
Present Address( City, State, Zip):			Phone #: Cell#:
Email Address:			How would you like to be contacted? Phone      Cell      Email
Social Security # required by FMCSR Part 391.21 (b) (2):			Date of Birth required by FMCSR Part 391.21 (b) (2): (for safety-sensitive positions only)

**List previous addresses for the past 3 years**

Street	City	County	State	From (mo/yr)	To (mo/yr)

**EDUCATIONAL BACKGROUND**

<b>Have you completed high school or a GED?</b>			<b>Yes</b>	<b>No</b>		
Name of School attended	City/State	Highest level completed	Did you graduate?		Diploma/Degree/Major pursued or obtained	Dates attended Date Obtained
		H.S. 2 yr 4 yr Post	Yes	No		
		H.S. 2 yr 4 yr Post	Yes	No		
		H.S. 2 yr 4 yr Post	Yes	No		
		H.S. 2 yr 4 yr Post	Yes	No		
<b>List other training or education (including vocational/apprenticeships/driving):</b>						
<b>List related extracurricular activities:</b>						
<b>List your computer skills (hardware/software, programs etc.)</b>						

## EMPLOYMENT HISTORY

All employment for the **past 10 years** must be noted below, including jobs held while in school or while in the military. Record your present or most recent position first and go back in chronological order. Resumes may not be substituted for any information requested, but may be submitted as an addendum to the completed application. Complete all questions for each position.

<b>1. Employer Name:</b>		<b>Type of Business:</b>	<b>Job Title:</b>
<b>Employer's Address:</b>		<b>Dates employed (mo/yr):</b> From:                      To:	
<b>Employer's Phone:</b>	<b>Supervisor's Name/Title:</b>		<b>May we contact this employer?</b> Yes      No
<b>Salary/Pay Rate: Start \$</b>		<b>End \$</b>	<b>Reason for Leaving:</b>
<b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b>			
Were you subject to Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer?      Yes      No			
Was your position "safety-sensitive" requiring Part 40 of the Code of Federal Regulations (CFR) for drug and alcohol testing:      Yes      No			
<b>2. Employer Name:</b>		<b>Type of Business:</b>	<b>Job Title:</b>
<b>Employer's Address:</b>		<b>Dates employed (mo/yr):</b> From:                      To:	
<b>Employer's Phone:</b>	<b>Supervisor's Name/Title:</b>		<b>May we contact this employer?</b> Yes      No
<b>Salary/Pay Rate: Start \$</b>		<b>End \$</b>	<b>Reason for Leaving:</b>
<b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b>			
Were you subject to Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer?      Yes      No			
Was your position "safety-sensitive" requiring Part 40 of the Code of Federal Regulations (CFR) for drug and alcohol testing:      Yes      No			
<b>3. Employer Name:</b>		<b>Type of Business:</b>	<b>Job Title:</b>
<b>Employer's Address:</b>		<b>Dates employed (mo/yr):</b> From:                      To:	
<b>Employer's Phone:</b>	<b>Supervisor's Name/Title:</b>		<b>May we contact this employer?</b> Yes      No
<b>Salary/Pay Rate: Start \$</b>		<b>End \$</b>	<b>Reason for Leaving:</b>
<b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b>			
Were you subject to Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer?      Yes      No			
Was your position "safety-sensitive" requiring Part 40 of the Code of Federal Regulations (CFR) for drug and alcohol testing:      Yes      No			
<b>4. Employer Name:</b>		<b>Type of Business:</b>	<b>Job Title:</b>
<b>Employer's Address:</b>		<b>Dates employed (mo/yr):</b> From:                      To:	
<b>Employer's Phone:</b>	<b>Supervisor's Name/Title:</b>		<b>May we contact this employer?</b> Yes      No
<b>Salary/Pay Rate: Start \$</b>		<b>End \$</b>	<b>Reason for Leaving:</b>
<b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b>			
Were you subject to Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer?      Yes      No			
Was your position "safety-sensitive" requiring Part 40 of the Code of Federal Regulations (CFR) for drug and alcohol testing:      Yes      No			

<b>5. Employer Name:</b>		<b>Type of Business:</b>	<b>Job Title:</b>	
<b>Employer's Address:</b>			<b>Dates employed (mo/yr):</b> From: To:	
<b>Employer's Phone:</b>	<b>Supervisor's Name/Title:</b>		<b>May we contact this employer?</b> Yes No	
<b>Salary/Pay Rate: Start \$</b>		<b>End \$</b>	<b>Reason for Leaving:</b>	
<b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b>				
Were you subject to Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer? Yes No				
Was your position "safety-sensitive" requiring Part 40 of the Code of Federal Regulations (CFR) for drug and alcohol testing: Yes No				
<b>6. Employer Name:</b>		<b>Type of Business:</b>	<b>Job Title:</b>	
<b>Employer's Address:</b>			<b>Dates employed (mo/yr):</b> From: To:	
<b>Employer's Phone:</b>	<b>Supervisor's Name/Title:</b>		<b>May we contact this employer?</b> Yes No	
<b>Salary/Pay Rate: Start \$</b>		<b>End \$</b>	<b>Reason for Leaving:</b>	
<b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b>				
Were you subject to Federal Motor Carrier Safety Regulations (FMCSR) while employed by this employer? Yes No				
Was your position "safety-sensitive" requiring Part 40 of the Code of Federal Regulations (CFR) for drug and alcohol testing: Yes No				

<b>LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES</b> (ie: buses, trucks, truck tractors, semitrailers)		
Type	Experience in yrs and/or miles driven	Add'l Information Attached
		Yes No
		Yes No
		Yes No
		Yes No

<b>LICENSE INFORMATION</b> List all unexpired licenses and/or permits			
State	License #	Type/Class	Expiration Date

<b>The following sections are to be completed by those applying for Bus Operator or Maintenance Technicians ONLY</b>			
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No	
B. Has any license, permit or privilege ever been suspended or revoked?	Yes	No	
C. Have you in the past three (3) years failed or refused a DOT-mandated pre-employment test(s)?	Yes	No	

<b>If "Yes" to any of the above, please explain:</b>		

<b>How many years of driving experience do you have?</b>	<b>3 years or less</b>	<b>More than 3 years</b>
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**CONVICTIONS/ VIOLATIONS OF THE LAW FORFEITED OR BOND/COLLATERAL**

Have you ever been convicted of a law violation(s), including moving traffic violations but not including offenses committed before your 18th birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? **Yes No**

If "Yes", please list below:

DATE	CITY/STATE	CHARGE	PENALTY

The following section is to be completed by those applying for Bus Operator or Maintenance Technicians ONLY

Have you had any accidents in the last 3 years? **Yes No** If "Yes", please list below:

DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
			<b>Yes No</b>	<b>Yes No</b>
			<b>Yes No</b>	<b>Yes No</b>
			<b>Yes No</b>	<b>Yes No</b>
			<b>Yes No</b>	<b>Yes No</b>

**ADDITIONAL INFORMATION**

Have you ever been terminated or asked to resign by an employer? <b>Yes No</b>	If yes, please explain:
Do you currently have relatives employed at Valley Metro? <b>Yes No</b>	If yes, list family member(s) name(s):
Are you legally eligible for employment in the US? <b>Yes No</b>	Are you willing to provide your own transportation if necessary for employment? <b>Yes No</b>
I'm able to work: <b>Full-time Part-time Days Evenings Weekends Rotating</b>	If hired, what date are you available to start work?
In the past 2 years, have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied and did not obtain safety-sensitive work covered by the Department of Transportation (DOT) drug & alcohol testing rules? <b>Yes No</b>	

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment document are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, may result in termination of my candidacy or any subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for any specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the General Manager of SVTMC or his or her designee.

I authorize the SVTMC and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks, from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA).

For safety-sensitive position applicants, your previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information. You have the right to review information provided by previous employers; have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer or to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I hereby expressly authorize such inquiries and fully release and discharge the SVTMC and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SOUTHWESTERN VIRGINIA TRANSIT MANAGEMENT COMPANY**  
A SUBSIDIARY OF FIRST TRNSIT, INC  
MANAGEMENT CONTRACTOR FOR THE GREATER ROANOKE TRANSIT COMPANY

**AFFIRMATIVE ACTION DATA FORM**

Southwestern Virginia Transit Management Company (SVTMC) has an Affirmative Action program to ensure equal employment opportunity. Applicants are considered for all positions without regard to race, color, religion, national origin, sex or age, marital status, veteran status, or the presence of a non-job-related medical condition or disability. We are asking you to help us measure the effectiveness of this program by answering the questions below.

The information collected will be used for statistical purposes only. This form will not remain with your application, nor will it in any way bar you from employment consideration.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Gender:            Male                                  Female

**Ethnic Origin (Please check one):**

**Note: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission**

**White – (Not of Hispanic origin)** – Persons having origins in any of the original peoples of Europe, North Africa or the Middle East (includes all countries within the Arabian Peninsula; excluding countries within the Indian Subcontinent).

**Black – (not of Hispanic origin)** – persons having origins in any of the black racial groups of Africa.

**Hispanic** – Persons having origins in the original peoples of Spain and persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islanders** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Island.

**American Indian or Alaskan Native** – Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Two or More Races** - All persons who identify with more than one of the above five races (not of Hispanic origin).

Disability:    Yes    No

Veteran:      Yes    No

**How did you learn about the job for which you are applying?**

Employee Referral  
Roanoke Times Website (Roanoke.com)  
Valley Metro website  
Walk-In  
Other: \_\_\_\_\_

Virginia Employment Commission  
The Roanoke Times Newspaper  
General Internet Search  
Valley Metro Bulletin Board

School/College: \_\_\_\_\_  
The Tribune Newspaper  
Community Agency: \_\_\_\_\_  
Word of Mouth