

OKANOGAN COUNTY TRANSIT AUTHORITY

303 2nd Avenue S., Suite A, Okanogan, WA. 98840

PO Box 507, Okanogan, WA. 98840

Phone: (509) 557-6177 FAX: (509) 315-2548

APPLICATION FOR EMPLOYMENT

Thank you for your interest in working for Okanogan County Transit Authority. All qualified applicants will receive consideration for employment and will not be discriminated against on the basis of disability, ethnicity/race, national origin, religion, gender or veteran status. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on any basis prohibited by local, state or federal law. Okanogan County Transit Authority is committed to providing access and reasonable accommodation in its services, programs, activities and employment for individuals with disabilities. To request disability accommodation in the application process, contact Kelly Scalf, at 509-775-6177 or kscalf@okanoganttransit.com.

POSITION APPLIED FOR:

DIRECTIONS: Print or type requested information, even if submitting a resume in addition to this application. Please follow all directions and completely fill out all areas to ensure your application is given full consideration. The gray data entry blocks will expand as you type. Save this form as a Word document and complete the form.

Name (Last)	(First)	(M.I)
Mailing Address	(City)	(State) (Zip)
Street Address (if different)	(City)	(State) (Zip)
Telephone (Home)	(Cell)	
E-Mail Address		

How did you learn about this job opening?

- Newspaper Name: _____
- Job posting Where: _____
- Referral Agency Okanogan Name: _____
- Transit Website
- Walk-In
- Friend/Relative
- Other Name: _____

1. Are you able to provide proof of eligibility to work in the U.S.? <i>Note: All employment offers are contingent upon proof of eligibility to work in the U.S.</i>	
2. Are you bondable (insurable against fraudulent acts)?	
3. Are you currently, or have you previously been, employed by Okanogan Transit? If yes: Job Title: _____ Dates: _____	
4. Are you related to any current Okanogan Transit employee: If yes: Name: _____ Relationship: _____	

EDUCATION

Type of School	School and City/State	Check Years Completed	Major Course	Degree
High School or G.E.D.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	X	X
College or University Studies		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4		
Graduate School		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4		
Business or Technical School		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4		
Other Relevant Courses or Training				

Do you have a valid driver's license? Yes No

What type of license do you have? Regular CDL

Class _____

Endorsements _____

Expiration Date _____

State _____

License Number _____

REFERENCES: Please provide three personal or professional references that are not relatives.

Name	Relationship	Phone Number	Number of Years Known

WORK HISTORY: Beginning with your present or most recent employment, describe your work experience for the LAST TEN YEARS. Be sure to include any non-paid experience, which is related to the job for which you are applying. **Please identify any gaps in employment. Additional work history may be described on an additional piece of paper. *Failure to provide complete employment history for the last ten years may disqualify you from consideration.***

Title of Position You Held:	Employer: _____ Address: _____ City: _____ State: _____ Zip: _____	From (Month & Year.): To (Month & Year):
Employer's Phone:	Immediate Supervisor: _____ E-Mail: _____ Phone: _____	<input type="radio"/> Paid <input type="radio"/> Volunteer
Hours Worked Each Week:	Primary Duties:	
Ending Salary:		
Number of Employees Supervised:		
May we contact this Employer? <input type="radio"/> Yes <input type="radio"/> Notify me first. <input type="radio"/> No		
If no, please tell us why:		
Reason for leaving or considering change:		
Reason for employment gap (mm/yy to mm/yy), if any:		

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Employer's Phone:	Immediate Supervisor: _____ E-Mail: _____ Phone: _____	<input type="radio"/> Paid <input type="radio"/> Volunteer
Hours Worked Each Week:	Primary Duties:	
Ending Salary:		
Number of Employees Supervised:		
May we contact this Employer? <input type="radio"/> Yes <input type="radio"/> Notify me first. <input type="radio"/> No		
If no, please tell us why:		
Reason for leaving or considering change:		
Reason for employment gap (mm/yy to mm/yy), if any:		

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Employer's Phone:	Immediate Supervisor: _____ E-Mail: _____ Phone: _____	<input type="radio"/> Paid <input type="radio"/> Volunteer
Hours Worked Each Week:	Primary Duties:	
Ending Salary:		
Number of Employees Supervised:		
May we contact this Employer? <input type="radio"/> Yes <input type="radio"/> Notify me first. <input type="radio"/> No		
If no, please tell us why:		
Reason for leaving or considering change:		
Reason for employment gap (mm/yy to mm/yy), if any:		

I hereby authorize Okanogan County Transit Authority to contact all previous employers, educational institutions and references to obtain and verify the accuracy of the information contained in this application. I also hereby release Okanogan County Transit Authority and its representatives from liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

In addition, I hereby authorize and release from liability or damage former employers, supervisors, their organization and others to furnish Okanogan County Transit Authority with any and all information concerning me, my work record, my professional reputation and recommendation, including employment information of a confidential or privileged nature.

I hereby certify that the facts contained in this application are true, to the best of my knowledge. I understand that any false or misleading information, misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it is discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either Okanogan County Transit Authority or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law or union contract.

I understand that if I am employed in a safety-sensitive position, I will authorize Okanogan County Transit Authority to obtain pre-employment drug & alcohol testing history from previous employer(s) (within the past two years) and be subject to Okanogan County Transit Authority's Drug & Alcohol Policy for pre-employment, random, reasonable suspicion, post-accident, return to work and follow-up testing.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to do so shall result in immediate termination of employment.

By signing this form, I authorize Okanogan County Transit Authority or its designated representative to contact law enforcement agencies to obtain criminal and driving history at any time during my employment. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment with Okanogan County Transit Authority under these conditions.

SIGNATURE OF APPLICANT: _____

DATE: _____

VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Separate immediately from
Applicant File

REQUIRED:

Name _____ Phone _____

Address _____

Job applied for, or your specific skill area: _____

Federal law requires that you have the opportunity to voluntarily provide this information if you wish. Your name and contact information above is required.

VOLUNTARY INFORMATION:

You may volunteer, but you are NOT REQUIRED, to tell us your ethnicity, race or gender. Presidential Executive Order 11246, as amended, requires us to present this to you. The information is used to study efforts to attract diverse pools of qualified applicants and ensure equal employment opportunity.

We do not send your response to the government. We report only group totals. However, it may be viewed by federal auditors or other officials. This is NOT part of your employment file. Hiring is always based on individual job qualifications. The law prohibits quotas, preferences or any consideration of your sex, race or ethnicity in employment decisions.

We invite you to **VOLUNTARILY** identify yourself in the categories below, now or at any time in the future. If you decline, it will not subject you to adverse treatment.

1. GENDER: Male Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)

a. Hispanic or Latino? Yes No

If you selected "No", please also consider volunteering the following:

b. Racial Background - Non-Hispanic:

- White/Caucasian, Non-Hispanic or Latino
- Black or African American, Non-Hispanic or Latino
- Asian, Asian American Non-Hispanic or Latino
- Native Hawaiian or Other Pacific Islander, Non-Hispanic or Latino
- American Indian/Alaska Native, Non-Hispanic or Latino
- 2 or more races, Non-Hispanic or Latino

The Veterans Readjustment and Assistance Act of 1974 and the Rehabilitation Act of 1973, and their regulations effective March 24, 2014 require additional offerings of voluntary self-ID to applicants and those offered employment

I decline to answer. **Please sign and return this form even if you do not answer.**

Please sign here: _____

Date _____

Employer Use Only:

EEO-1 Occup: 1.1 = Top/Executive Managers, 1.2 = All other managers/supervisors, 2 = Professionals, 3 = Technicians, 4 = Sales, 5 = Adm.Support/Clerical, 6 = Skilled Crafts, 7 = Operators, 8 = Labor, 9 = Service (guards, janitors)

JOB GROUP CODE: _____

If current opening, Job Applied For: _____

VETERANS PRE-OFFER
VOLUNTARY SELF-IDENTIFICATION INVITATION
FOR JOB APPLICANTS

US GOVERNMENT REQUIREMENT FOR EMPLOYERS WITH FEDERAL VETERANS AFFIRMATIVE ACTION PLANS - 41 CFR 60-300.42(a)

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**
- I AM NOT A PROTECTED VETERAN**

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you receive a job offer, the US government requires us to invite further voluntary identification of your veteran status at that time, as you enter employment, and at any time you wish to disclose said status.

PLEASE ENTER YOUR NAME HERE

TODAY'S DATE

A Special Note From Okanogan County Transit Authority- Affirmative Action under these US laws means facilitating equality of job opportunities and targeted recruiting, not quotas or preferences, which are prohibited. It also means reasonable accommodation to make our application and selection process accessible to persons with disabilities. If you would like to discuss a potential accommodation during this process please let us know.

Employer Use Only: Job Group Code: _____ If current opening, Job Applied For: _____

Voluntary Self-Identification of Disability

For use with job applicants pre-offer and post-offer

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.