



Why do you want to work here? \_\_\_\_\_

**WORK EXPERIENCE:** List your work experience starting with your most recent job. If you were employed under another name, write in the name by which you were known to your employer. Volunteer work may also be included as employment. **A resume will not substitute for a completed application form. Laketrans checks employment references.** The current employer may be contacted unless the applicant indicates that such contact will jeopardize the present position at this time. Once an offer is made, LAKETRAN reserves the right to contact the current employer.

Company Name: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Employed From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Your job title: \_\_\_\_\_ Salary/Wage \$ \_\_\_\_\_ # Hours per week: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you employed by this company now?  Yes  No May we contact this employer?  Yes  No

Company Name: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Employed From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Your job title: \_\_\_\_\_ Salary/Wage \$ \_\_\_\_\_ # Hours per week: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you employed by this company now?  Yes  No May we contact this employer?  Yes  No

Company Name: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

Employed From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_

Your job title: \_\_\_\_\_ Salary/Wage \$ \_\_\_\_\_ # Hours per week: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you employed by this company now?  Yes  No May we contact this employer?  Yes  No  
**MILITARY SERVICE RECORD:** Have you ever served in the U.S. Armed Forces?  Yes  No

Branch of Service: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

**VEHICLE OPERATION REQUIREMENTS:** *You must have a valid Ohio Driver's License to operate a LAKETRAN vehicle. A driving abstract from the Bureau of Motor Vehicles will be used to assess your driving history. **You must have no moving violations in the last year and no more than two (2) points in the past three years. A history of moving traffic violations will automatically disqualify applicants for "safety-sensitive" positions (as defined by the Federal Transit Administration) from further consideration.***

Which license do you hold?

Ohio Driver's License

Ohio Commercial Driver's License (CDL) CDL Class: \_\_\_\_\_  Passenger Endorsement

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you received any traffic violation convictions in the past three years?  Yes  No

Give dates and type of violations: \_\_\_\_\_

*As a condition of employment, do you consent to taking an initial physical examination, and additional physical examinations during employment, as required by the U.S. Department of Transportation and/or LAKETRAN that are job-related and consistent with business necessity (if applicable to the position for which you are applying)?*  Yes  No

**DRUG AND ALCOHOL TESTING PROGRAM: Participation in LAKETRAN's drug and alcohol testing program is a mandatory condition of employment.** This policy is intended to comply with all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry, specifically, the Federal Transit Administration's (FTA) published 49 CFR Part 655, as amended, and the U. S. Department of Transportation's (USDOT) published 49 CFR Part 40, as amended. Additionally, all employees are required to notify LAKETRAN's management of any criminal drug statute conviction for a violation within five days after such conviction.

The Drug and Alcohol Testing Policy applies to all safety-sensitive employees when performing any transit-related business. All LAKETRAN employees are covered under this policy, under the sole authority of LAKETRAN, any time the employees are on duty.

*Certification: I have read and understand this Drug & Alcohol notice and agree to all of the provisions thereof.*

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

**D.O.T. DRUG AND ALCOHOL TESTING: A prospective employee for any safety-sensitive position must pass a D.O.T. pre-employment drug test.** If you are directed to do so, you will be required to submit a urine specimen at a designated collection site. Your urine specimen will be tested at a laboratory approved by the Federal Transit Administration for the following drug substances: marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines. You must pass this drug test to continue employment. If hired, you will be subject to drug and breath alcohol testing on a random, unannounced basis, and whenever there is reasonable cause to believe you have used prohibited substances.

**Applicants are required under federal law to report previous D.O.T.-covered employer drug and alcohol test results. Failure to do so will result in the employment offer being rescinded and termination of employment.**

Within the last two years, were you subject to Department of Transportation (D.O.T.) drug and alcohol testing with any of your employers?  Yes  No

If yes, which employers? \_\_\_\_\_

**AUTHORIZATION FOR RELEASE D.O.T. DRUG AND ALCOHOL TESTING**

**I hereby consent to the release of information requested below concerning my D.O.T. drug and alcohol testing records to:**

Director of Human Resources, Laketran  
555 Lakeshore Boulevard  
Painesville, OH 44077  
Telephone: (440) 350-1004 Fax: (440) 350-1033

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

Contact Person: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

***This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for LAKETLAN. This release of information is valid for one year from the date of signature.***

**THIS SECTION BELOW TO BE COMPLETED BY PREVIOUS EMPLOYER**

***Check here  if this employee did not participate in D.O.T.-regulated drug and alcohol testing while under your employment, then sign below and return this form, OR respond to the following questions regarding this employee's D.O.T.-regulated drug and alcohol testing history while employed with your agency/firm.***

- 1. Has this employee tested positive (.04 or greater) for alcohol in the last two years?  Yes  No
- 2. Has this employee had a verified positive drug test result in the last two years?  Yes  No
- 3. Has this employee refused a required drug or alcohol test in the last two years (or had a verified adulterated or substituted drug test result)?  Yes  No
- 4. Has this employee violated any other D.O.T. drug or alcohol testing violation within the last two years?  Yes  No

If yes, state the nature of the violation: \_\_\_\_\_

If you respond "YES" to any of the above questions, please provide documentation of the employee's successful completion of D.O.T. return-to-duty requirements. If you do not have this information, please explain why not:

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDRESS HISTORY:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Dates Lived at this address: from \_\_\_\_\_ to \_\_\_\_\_

Addresses for the Past Seven Years: \_\_\_\_\_ Dates of Residence (from, to): \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Please read carefully before signing.**

**LAKETRAN does not discriminate against any person on the grounds of race, color, age, religion, sex, national origin, physical or mental disability, ancestry, military status, genetic information, or any other status protected by law. If you believe you have been illegally discriminated against, you have 180 days from the date of the alleged incident to file a complaint with the Equal Employment Opportunity Commission (EEOC).**

**I hereby certify that the information contained in this Employment Application is correct to the best of my knowledge and understand that falsification or omission of this information is grounds for refusal to hire or, if hired, dismissal. Please Note: If an offer of employment is extended to you it will be conditioned upon the successful completion of a background check. Under Ohio law, individuals convicted of certain felony offenses are not permitted to serve in certain job positions at Laketran.**

**I hereby authorize any of the persons, company representatives, or organizations listed in this application to give any and all requested information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to LAKETRAN. I authorize LAKETRAN to request and receive such information.**

**In consideration for my employment and my being considered for employment by LAKETRAN, I agree to adhere to the rules and regulations of LAKETRAN and hereby acknowledge that these rules and regulations may be changed by LAKETRAN at any time, at LAKETRAN'S sole option and without any prior notice.**

**LAKETRAN retains employment applications for at least one year; however, it is strongly recommended that applicants re-apply within 90 days from the date of the most recent application.**

**PUBLIC RECORD: I understand that this Employment Application is a public record, subject to public records request.**

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

## DEMOGRAPHIC INFORMATION ON APPLICANTS

**COMPLETION OF THIS FORM IS VOLUNTARY.** No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions. Thank you for helping LAKETRAN to collect accurate data about its applicants.

Position Title: \_\_\_\_\_

Applicant Name (last, first, middle initial): \_\_\_\_\_

**LAKETRAN is committed to providing equal opportunity to all qualified individuals in employment without regard to race, color, age, religion, sex, national origin, physical or mental disability, ancestry, military status, genetic information, or any other status protected by law.** The following information is requested in order for LAKETRAN to evaluate its hiring practices and track its effectiveness in complying with Federal and State equal employment opportunity regulations. **RESPONSES TO THESE QUESTIONS ARE VOLUNTARY.** Your responses will not be shown to persons selecting an applicant for a position or to anyone else who can affect your application. Should you be hired, this form will not be provided to your supervisors.

1. **How did you learn about this position?** (*check one*):

- LAKETRAN website (www.LAKETRAN.com)
- LAKETRAN Human Resources Department (bulletin board or other announcement)
- State of Ohio employment website (www.ohiomeansjobs.com)
- other internet site
- State or local job information center
- job fair
- newspaper
- professional organization or publication
- friend or relative working for this agency
- other \_\_\_\_\_

2. **Sex** (*check one*):     male     female

3. **Ethnicity** (*check one*):

- Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

4. **Race** (*check all that apply*):

- American Indian or Alaska Native (a person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliation or community attachment)
- Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam)
- Black or African American (a person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands)
- White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

5. **Veteran Status** (*check all that apply*):

- Disabled Veteran (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)
- Other Protected Veteran (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)
- Armed Forces Service Medal Veteran (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, 61 Fed. Reg. 1209)
- Recently Separated Veteran (a 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).