



South Central Regional Transit District.

**ALL APPLICANTS MUST COMPLETE AND SUBMIT THE APPLICATION
TO THE FOLLOWING ADDRESS:**

MAIL TO – PO BOX 2104, LAS CRUCES NM 88004

DROP OFF TO – 830 Anthony Drive, Anthony, NM 88021

CALL – 575-323-1620

Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, nonjob related disability, or any other protected group status.

Applicant Name _____ Date of Application _____
(Please Print)

Company _____

Address _____

City _____ State _____ Zip _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, credit, criminal or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

My signature establishes that I fully understand the above statements.

Signature _____

FOR COMPANY USE

PROCESS RECORD
Rejected

Applicant Hired

Date Employed

Point Employed

Department

Classification

(IF REJECTED, SUMMARY REPORT OF REASON (S) SHOULD BE PLACED IN FILE)

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated

Department Released From

Dismissed

Voluntarily Quit

Other

Termination Report Place in File

Supervisor

APPLICANT TO COMPLETE

(answer all questions – please print)

Position Applied For

Name LAST FIRST MIDDLE Social Security No.

List your address of residency for the past 3 years.

Current Address Street City

Previous Address State Zip Phone How Long?

Street City State Zip Phone How Long?

Street City State Zip Phone How Long?

Street City State Zip Phone How Long?

Do you have the legal right to work in the United States?

Date of Birth / / Can you provide proof of age? (Required for Commercial Drivers)

Have you worked for this company before? Where?

Dates: From to Rate of Pay Position

Reason for leaving

Are you now employed? If not, how long since leaving last employment

Who referred you Rate of pay expected

Have you ever been bonded Name of bonding company

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment –all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish.

EMPLOYMENT HISTORY


All driver applicants to drive in Interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in Intrastate or Interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.


EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/ WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING?	
WERE YOU SUBJECT TO THE FMCSRS 🚛 WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED

NAME

CITY

STATE

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature:

Date



Name _____

Date _____

1. What are the three most important things you look for in a job? _____

2. What three qualities or strengths can you bring to the job? _____

3. Preferred hours and days: _____ Do you prefer full-time or part-time work? _____

4. Are you a morning/day person or are you an afternoon/evening person? _____

5. Are there days or times you cannot or will not work? _____ please explain

6. Are there holidays you cannot work? _____ If so, what holiday(s)? _____

7. How is your night vision? _____

8. This job involves considerable lifting and loading. The shifts can last 10-12 hours. Do you feel confident that you can meet the challenge? _____

Signature _____

Thank you for applying with the SCRTD