

**Administration Office**343 West Wishkah Street
Aberdeen, WA 98520**Phone:** (360) 532-2770 **Fax:** (360) 660-3269**Maintenance & Operations Office**705 30th Street
Hoquiam, WA 98550**Phone:** (360) 532-2770 **Fax:** (360) 532-2784**Website** www.ghtransit.com**Email:** hr@ghtransit.com

EMPLOYMENT APPLICATION

INSTRUCTIONS

An incomplete application may disqualify you from further consideration.

Grays Harbor Transit is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Grays Harbor Transit follows the requirements of the "Fair Chance Act," under RCW 49.94. GHT will not inquire about prior arrests and convictions until after determining if an applicant is otherwise qualified for the position for which the applicant applied, except as allowed under RCW 49.94.010.

APPLICANT INFORMATION

Position Applied For:

Date:

Having reviewed the recruitment announcement and the position description, are you able to perform the essential functions of the position for which you are applying, with or without accommodation?

YES NO

☐ ☐

Last Name:

First Name:

M.I.:

Mailing Address:

City:

State:

Zip Code:

Primary Phone:

E-mail Address:

Are you authorized to work in the United States?

YES ☐ NO ☐Have you ever worked for Grays Harbor Transit? NO ☐ YES ☐ If YES, provide position(s), date(s) of employment, and why you left Grays Harbor.Are you related to/in a relationship with any current Grays Harbor Transit employee that could result in a conflict of supervision if you were subsequently hired? NO ☐ YES ☐ If YES, provide name and relationship with employee(s).

Are you willing and able to work the following hours and/or days (as required by the position for which you are applying)?

Check all that apply.

Full-time ☐Part-time ☐Overtime ☐Evenings ☐Weekends ☐Holidays ☐Split Shifts ☐Irregular Hours ☐

EMPLOYMENT REFERRAL SOURCE

How did you hear about the Grays Harbor Transit (GHT) employment opportunity for which you are applying for?

☐ GHT Employee

Employee Name _____

☐ Newspaper _____☐ GHT Website☐ Online Job Site _____☐ Radio _____☐ Work Source☐ Other _____

MILITARY SERVICE

Branch:

From:
(MM/YY)To:
(MM/YY)Rank at
Discharge:

Responsibilities:

TRAINING/PROFESSIONAL CERTIFICATION

Please list any training (including the number of hours) you have attended and any professional certifications that are relevant to the position for which you are applying.

LICENSE & DRIVING INFORMATION

Do you possess a driver's license for five (5) consecutive years and/or are able to obtain and maintain a Washington State driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Do you possess a Class B CDL with Passenger Endorsement and air-brake restriction removed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Please describe your driving experience, including class and type of equipment:

EDUCATION

High School:	City, State:
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, do you have a GED/equivalent? YES <input type="checkbox"/> NO <input type="checkbox"/>

College:	City, State:
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, degree/certification earned: If NO, number of credits earned:

Other:	City, State:
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, degree/certification earned: If NO, number of credits earned:

EMPLOYMENT HISTORY

Please provide your chronological work and relevant volunteer history for the previous 10 years (do not use "see resume").

Current or Most Recent Employer:

City, State:	Supervisor Name:
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Job Title:	Supervisor Title:
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From: (MM/Y)	To: (MM/Y)	Hours Per Week:	Phone:
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Number of Employees Directly Supervised:
*Defined as authority to hire, term, discipline, and evaluate performance, **does not** include work as a "lead":*

Responsibilities:

Reason for Leaving:

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Please explain:

Previous Employer:			
City, State:		Supervisor Name:	
Job Title:		Supervisor Title:	
From: (MM/Y)	To: (MM/Y)	Hours Per Week:	Phone:
Number of Employees Directly Supervised: <i>Defined as authority to hire, term, discipline, and evaluate performance, does not include work as a "lead":</i>			
Responsibilities:			
Reason for Leaving:			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Please explain:			

Previous Employer:			
City, State:		Supervisor Name:	
Job Title:		Supervisor Title:	
From: (MM/Y)	To: (MM/Y)	Hours Per Week:	Phone:
Number of Employees Directly Supervised: <i>Defined as authority to hire, term, discipline, and evaluate performance, does not include work as a "lead":</i>			
Responsibilities:			
Reason for Leaving:			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Please explain:			

Previous Employer:			
City, State:		Supervisor Name:	
Job Title:		Supervisor Title:	
From: (MM/Y)	To: (MM/Y)	Hours Per Week:	Phone:
Number of Employees Directly Supervised: <i>Defined as authority to hire, term, discipline, and evaluate performance, does not include work as a "lead":</i>			
Responsibilities:			
Reason for Leaving:			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Please explain:			

EMPLOYMENT GAPS AND OTHER INFORMATION

Please explain any gaps of employment and attach additional pages as necessary.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Grays Harbor Transit to hire me.

I attest with my signature below that I have given to Grays Harbor Transit true and complete information on this application and no requested information has been concealed. I authorize Grays Harbor Transit to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of further consideration for employment, or if employed, will be grounds for discharge.

Signature:

Date:

ADDITIONAL INFORMATION

Due to the volume of applicants, you are asked to refrain from contacting Grays Harbor Transit regarding the status of your application. You will be contacted once information is available to share with you.

Please note that contact is made PRIMARILY THROUGH EMAIL, so be sure to check your email often, to include your "junk" email to prevent you from missing a communication from Grays Harbor Transit regarding your application. Your patience during the selection process is appreciated. Thank you for your interest and best wishes.

SUPPLEMENTAL APPLICATION DOCUMENTS

- ☐ Copy of Current Driver License
- ☐ Copy of Three (3) Year Driving Abstract (can be obtained at Washington State Department of Licensing)



Pre-Employment Notification & Acknowledgement

I understand and acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) prior to being hired or transferred into a safety-sensitive position as defined in CFR Part 655¹. I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

(Print Name) (Signature) (Date)

Have you tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position in the past two years? Please circle your response below:

YES NO

If you answered YES, can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR Part 40, Subpart O? Please circle your response below:

YES NO

(Print Name) (Signature) (Date)

¹ A safety-sensitive function, as described in 49 CFR Part 655 Section 655.4, includes: (1) operating a revenue service vehicle; (2) operating a non-revenue service vehicle, when required to be operated by a CDL holder; (3) controlling dispatch or movement of a revenue service vehicle; (4) maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; or (5) carrying a firearm for security purposes.



RELEASE OF INFORMATION FORM – 49 CFR PART 40 DRUG AND ALCOHOL TESTING

Section 1. EMPLOYER INFORMATION: Completion by Grays Harbor Transit.

Prospective/New Employer

Grays Harbor Transit
705 30th Street
Hoquiam, WA 98550
360-532-2770
Confidential FAX: 360-660-3269
Designated Employer Representative (DER): Shawn Brewer

Current/Previous Employer

Name:
Address:
City/State/Zip:
Phone:
FAX
DER:

Section 2. APPLICANT/EMPLOYEE AUTHORIZATION: Review and sign by applicant/employee.

Applicant/Employee Name (last, first): _____

*I hereby authorize release of information from my **DEPARTMENT OF TRANSPORTATION-REGULATED DRUG AND ALCOHOL TESTING RECORDS** by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my current/previous employer, is **limited to the following DOT-regulated testing items**:*

- Alcohol tests with a result of 0.04 or higher;
- Verified positive drug tests;
- Refusals to be tested;
- Other violations of DOT agency drug and alcohol testing regulations;
- Information obtained from previous employers of a drug and alcohol rule violation; and/or
- Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee/Applicant Signature: _____ Date: _____

Section 3. CURRENT/PREVIOUS EMPLOYER RESPONSE: Completion by Current/Previous Employer listed in Section 1. Fax completed form to DER at Grays Harbor Transit listed above.

In the two years prior to the date of the employee's signature (in Section 2), for DOT-regulated testing ?	YES	NO
1. Did the employee have alcohol tests with a result of 0.04 or higher?		
2. Did the employee have verified positive drug tests?		
3. Did the employee refuse to be tested?		
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?		
5. Did a previous employer report a drug and alcohol rule violation to you? If YES , provide the previous Employer's report.		
6. If you answered YES to any of the above items, did the employee complete the return-to-duty process? If YES to this question, provide all of the return-to-duty documentation.		

Name of person providing information in Section 3. (print)

Title

Signature

Date

VOLUNTARY SELF-IDENTIFICATION

Applicant Name: (print: last name, first name)	Date:
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Grays Harbor Transit (GHT) values diversity and actively encourages women, minorities, veterans, and disabled applicants to seek employment with GHT. GHT is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, GHT invites you to voluntarily self-identify your race, gender, ethnicity, and disability status.

Please note, submission of this information is **voluntary**, and refusal to provide it will not subject you to any adverse treatment and will have no impact on your employment with GHT. If you chose to respond, your responses:

- Will remain confidential within the GHT administrative services department; and
- May only be used in accordance with the provisions of the applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Refusal to provide this information will have no bearing on your employment with GHT and will not subject you to any adverse treatment.

GENDER

Please check one of the following options with which you identify.

- ☐ **Male**
- ☐ **Female**
- ☐ **I do not wish to self-identify.**

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Please check one of the descriptions below corresponding to the ethnic group with which you identify.

- ☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino):** 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 and Vietnam.
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ **Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- ☐ **I do not wish to self-identify.**

PROTECTED VETERAN STATUS

Please check **ONE** of the boxes below:

- ☐ **I am NOT a protected veteran.**
- ☐ **I am a protected veteran, but I choose not to self-identify the classifications to which I belong.**

DISABILITY STATUS

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.

Please check **ONE** of the boxes below.

- ☐ **Yes, I have a disability, or have a history/record of having a disability.**
- ☐ **No, I don't have a disability, or a history/record of having a disability.**
- ☐ **I don't wish to answer.**

Any information you provide is sincerely appreciated. Thank you!

Applicant Signature