



Date received: \_\_\_\_\_  
MVR attached: \_\_\_\_\_

## EMPLOYMENT APPLICATION

*An equal opportunity employer, PTM of Boise will consider all qualified applicants without regard to race, color, religion, gender, national origin, age, veteran status, or the presence of a medical condition or disability*

**Please print all information**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

For what position are you applying? \_\_\_\_\_

How did you become aware of this opening? \_\_\_\_\_

Type of employment desired?    Full Time \_\_\_ Part Time \_\_\_ On-Call \_\_\_ Temporary/Seasonal \_\_\_

Please indicate your shift availability:    Day \_\_\_ Evening \_\_\_ Night \_\_\_ Weekend \_\_\_ Split Shift \_\_\_ Holidays \_\_\_

Date available to start work: \_\_\_\_\_ Desired rate of pay: \_\_\_\_\_ per \_\_\_\_\_

Have you ever applied to or previously worked for PTM of Boise?    Yes \_\_\_ No \_\_\_

If yes, list location(s) and date(s): \_\_\_\_\_

Do you have any relatives or friends currently working for PTM of Boise?    Yes \_\_\_ No \_\_\_

If yes, state the individual's name and relationship to you: \_\_\_\_\_

Can you provide original documentation of your identity & eligibility to work in the United States?    Yes \_\_\_ No \_\_\_

Have you been convicted of a felony / misdemeanor in the last ten (10) years? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

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*Note: An applicant will not be denied employment based solely on the grounds of a conviction for a criminal offense. The type of offense, the date and the relevance of the criminal conviction to the position applied for may be considered in the employment decision.*

## EDUCATION

School	Graduated	Name of School and Address	Type of Degree
High School	Yes ___ No ___		
College/University	Yes ___ No ___		
Graduate or Professional School	Yes ___ No ___		
Trade/Business or Driving School	Yes ___ No ___		

## Employment Record

PLEASE FULLY COMPLETE ALL SECTIONS

PLEASE COMPLETELY LIST ALL PRIOR EMPLOYMENT DURING THE PAST 10 YEARS, EVEN IF YOU ARE SUBMITTING A RESUME. BEGIN WITH THE CURRENT OR MOST RECENT EMPLOYER AND INCLUDE ANY MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Ending Hourly Rate/Salary: \_\_\_\_\_

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

Title/Duties: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Ending Hourly Rate/Salary: \_\_\_\_\_

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

Title/Duties: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Ending Hourly Rate/Salary: \_\_\_\_\_

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

Title/Duties: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Ending Hourly Rate/Salary: \_\_\_\_\_

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

Title/Duties: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Period of Employment: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Starting Hourly Rate/Salary: \_\_\_\_\_ Ending Hourly Rate/Salary: \_\_\_\_\_

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

Title/Duties: \_\_\_\_\_

### Professional References

List names, addresses, phone numbers and relationship of three persons not related to you who are familiar with your qualifications for this position:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Please complete Driver's License and Accident Record sections ONLY if you are applying for a safety sensitive position (Bus Operator, Mechanic, Fueller/Cleaner, Operations Supervisor/Mgr)**

**Driver's License Information**

Do you hold a valid driver's license in this state? Yes \_\_\_\_ No \_\_\_\_

Do you hold a valid commercial driver's license (CDL) in this state? Yes \_\_\_\_ No \_\_\_\_

Unexpired License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

List all other states where you have held a driver's license in the last 10 years: \_\_\_\_\_

Have you ever been denied a license or permit to operate a motor vehicle? Yes \_\_\_\_ No \_\_\_\_

Has your license or permit ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

If you answered yes to either question, please explain: \_\_\_\_\_

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

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR) while employed? Yes \_\_\_\_ 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? Yes \_\_\_\_ No \_\_\_\_

Have you worked for a Department of Transportation (DOT) regulated Employer and were you covered under DOT regulated drug and alcohol testing during the last three years prior to this application? Yes \_\_\_\_ No \_\_\_\_

**Accident Record For Past Three (3) Years**

**List all vehicular accidents in which you have been involved as a driver during the past three years.**

Date	Description	Location

**Applicant's Statement and Signature**

I certify the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize PTM of Boise, LLC to make an investigation of any of the facts set forth in this application and release from any liability PTM of Boise, LLC, and those who supply reference and background information.

I understand that neither this application nor an offer of employment constitutes an employment contract unless a specified document to that effect is executed between the employer and employee in writing.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, disability or any other protected class.

**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

**Referral Source:** \_\_\_\_\_ Newspaper; specify name: \_\_\_\_\_

\_\_\_\_\_ Job service \_\_\_\_\_ Website \_\_\_\_\_ Friend \_\_\_\_\_ Other; please specify \_\_\_\_\_

**Sex:** \_\_\_\_\_ Female \_\_\_\_\_ Male

**Race/Ethnic Group:** (See explanations below) \_\_\_\_\_ White \_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ Asian

\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Two or more races

**Are you a veteran?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Are you a disabled veteran?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Are you any other protected veteran?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**In which branch of the U.S. Military did you serve?** \_\_\_\_\_ Army \_\_\_\_\_ Navy \_\_\_\_\_ Marines

\_\_\_\_\_ Air Force \_\_\_\_\_ National Guard \_\_\_\_\_ Coast Guard

**Please indicate your date of birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Race/Ethnic Group Explanations**

**White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Black or African American** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or any Pacific Islands.

**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, and Vietnam.

**American Indian or Alaska Native** – a person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races** – all persons who identify with more than one of the above six races.