

Valley Transit

1401 West Rose
Walla Walla, WA 99362

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____

Address _____
Street City State Zip

Telephone number _____ Email Address _____

Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Can you work in a unionized environment, where shifts are assigned based on seniority and may require working split shifts, any hours or any day? Yes No

Shift preferred _____ Part-Time _____ Full Time _____

Are you willing to work overtime as required? Yes No

EDUCATION	NAME & LOCATION OF SCHOOL		MAJOR	DIPLOMA/ DEGREE
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company? _____

POSITION(S) APPLIED FOR 1. _____ 2. _____

Wage or salary desired? \$ _____ When can you start? _____

(OVER)

WORK HISTORYMay we contact your present employer? Yes No

(Include all work experience. Any gaps in employment should be explained on this form or by attaching a separate sheet of paper.)

Most Recent Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Date Started	Starting Position	
Date Left	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that 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 the Company to make an investigation of any of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Organization, other than the General Manager has any authority to alter the foregoing. I also understand that this application and all submitted attachments become the property of Valley Transit.

Date _____ Applicant's Signature _____ signed electronically