



# Bis-Man Transit & Capital Area Transit

3750 EAST ROSSER AVENUE, BISMARCK, ND 58501

701-258-6817 & 701-323-9228 (9CAT)

[WWW.BISMANTRANSIT.COM](http://WWW.BISMANTRANSIT.COM)

An Equal Opportunity Employer

Application for Employment

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex, age, disability, sexual orientation, citizenship status, or national origin, or any other status protected by law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. In reading and answering the questions on this form, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related factors.

Please answer each question fully and accurately. If an item does not apply, write "NA". This application will not be considered unless completed in full and all releases and authorizations signed. You may include additional written responses if there is not enough room on this application. You must identify the specific position for which you are applying as this application applies only to that position.

Please fill out the application clearly. You must complete your own application.

<b>PERSONAL INFORMATION</b>	
Name _____ Date _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	
Date of Birth _____ Social Security Number _____	
Current Address _____ Apt. Number _____	
City, State, Zip Code _____	
Phone (Include Area Code): Home (      ) _____ Business (      ) _____	
Email Address _____	
Are you legally authorized or permitted to work in the United States? YES _____ NO _____ <i>(You will be required to provide evidence of employability in the United States)</i>	
Have you ever been convicted of a crime <i>(A conviction will not be an absolute bar to an offer of employment)</i> YES _____ NO _____ If yes, explain _____	
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? <i>(If you have any question about the job's requirement or functions, please ask the interviewer before answering this question.)</i> YES _____ NO _____	
<b>POSITION APPLYING FOR</b>	
Full Time _____ Part Time _____ Pay Desired \$ _____	May we contact your current employer? Y _____ N _____
Date Available to Begin _____	Name of Organization _____
Job Title _____	Supervisor _____
Referred By _____	Title _____
Are you employed now? Yes ___ No ___	Phone _____
Have you applied to the company before? Yes _____ No _____	Email _____
Have you worked for this company before? Yes _____ No _____	

**PLEASE CONTINUE APPLICATION ON THE REVERSE SIDE**

**SKILLS PERTINENT TO DESIRED POSITION** \_\_\_\_\_

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

**SOFTWARE PROFICIENCIES** \_\_\_\_\_

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

**INTERESTS** \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT AVAILABILITY**

Days available to work? Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Times available to work? \_\_\_\_\_

Date available to begin working? \_\_\_\_\_

**SALARY DESIRED**

Has the salary been listed for this position? Y \_\_\_ N \_\_\_

Do you have a special request with regards to the salary of the position? \_\_\_\_\_

\_\_\_\_\_

**CHECK THE ANSWER THAT BEST APPLIES TO YOU**

1. If you are offered, and accept the job, can you provide proof of your legal right to work in the U.S.? Y \_\_\_ N \_\_\_

2. Upon employment, employees must submit legal proof of age. Can you furnish proof of age? Y \_\_\_ N \_\_\_

3. Have you ever: (If yes, please give more details in Item 7)

A. Been dismissed or fired from a position for any reason? Y \_\_\_ N \_\_\_

B. Resigned or quit a position while under investigation or after being informed discipline would be taken against you, or during an appeal from a disciplinary action? Y \_\_\_ N \_\_\_

C. Have you ever: been Bonded? Y \_\_\_ N \_\_\_

4. Have you ever been convicted by any court of any law violation other than minor traffic violations? Y \_\_\_ N \_\_\_

5. Have you ever applied with Bis-Man Transit or Capital Area Transit before? Y \_\_\_ N \_\_\_

6. Have you ever been employed by Bis-Man Transit or Capital Area Transit before? Y \_\_\_ N \_\_\_

7. EXPLANATIONS \_\_\_\_\_

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

**EDUCATION**

High School \_\_\_\_\_

Name

City

State

Did you graduate? Yes \_\_\_ No \_\_\_ If no, GED? Yes \_\_\_ No \_\_\_

Business or Technical School \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Degree/Major \_\_\_\_\_

Undergraduate College \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Degree/Major \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job, include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap and/or other protected status.

1. Employer _____  Telephone _____ Address _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	
2. Employer _____  Telephone _____ Address _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	
3. Employer _____  Telephone _____ Address _____ Job Title _____ Supervisor _____ Reason for Leaving _____ _____	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	

**WORK REFERENCES**

Give below the names of three persons, not related to you, who know about your work.

Name	Address	Phone	Years Known	Business

**AUTHORIZATION**

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the company. I understand that no company representative, other than its Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# OPTIONAL SURVEY

## GENDER

Male  Female

## AGE

Under 21  21-39  40-69  70 and over

## ETHNIC CATEGORY

(Please check the box that best describes your race/ethnicity)

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

White - A person having origins in any of the original people of Europe, North Africa or the Middle East.

Hispanic - Persons of Mexican, Puerto Rican, Cuban, Central or South American, other than Spanish culture or origin, regardless of race.

American Indian or Alaskan 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 maintain tribal affiliation or community attachment.

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, the Indian sub-continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Two or more races (Not Hispanic or Latino) All persons who identify with more than one of the above races.

## DISABILITY

A person with a disability is an individual who (1) has a physical or mental impairment that subsequently limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself; (2) has a record of such an impairment; (3) is regarded as having such an impairment. Do you consider yourself to have a disability? Y  N

## MILITARY

Not a veteran  
 A widow or widower of a veteran  
 Korean War veteran  
 World War II veteran  
 Other veteran (please specify) \_\_\_\_\_

## REFERRAL SOURCE

Community Agency  
 State Employment Service  
 Newspaper (please identify) \_\_\_\_\_  
 School Placement Office (please identify) \_\_\_\_\_  
 Friend  
 Employee of Bis-Man Transit  
 Federal Agency  
 Professional Association (please identify) \_\_\_\_\_  
 Internet (please identify site) \_\_\_\_\_  
 Other (please identify) \_\_\_\_\_

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## FOR OFFICE USE ONLY

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Hired: Yes  No

Position \_\_\_\_\_ Wage \_\_\_\_\_

Date Reporting to Work \_\_\_\_\_

Interviewer Signature \_\_\_\_\_