

Voluntary Self-Identification/Application Data Record

It is the policy of Palm Tran to provide equal employment opportunity to all employees and applicants for employment without regard to race, age, color, religion, national origin, disability, gender, marital status, familial status, sexual orientation, or veteran status. However, as mandate by the Federal Government, Palm Tran is subject to certain governmental recordkeeping and reporting regulations.

In order for Palm Tran to comply with these laws, we invite you to voluntarily self-identify your race and ethnicity below. Providing this information is voluntary and will be used for reporting and recordkeeping purposes only. This information will be maintained separately from the Application for Employment during the entire hiring process.

Position For Which You Are Applying: _____ Date: _____

Gender: Male Female

Race-Ethnic Data:

- White (not Hispanic origin) All persons having origins in any of the original people of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin, regardless of race.
- Asian/Pacific Islander: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North American, and who maintains cultural identification through tribal affiliation or community recognition.

Check any of the following that apply to you:

- Wartime Period Veteran
- Disabled Veteran
- Disabled Individual not Entitled to Veterans' Preference*

*In accordance with Affirmative Action requirements of Sec.503 of the Rehabilitation Act of 1973, as amended, and provisions of the Americans with Disabilities Act of 1990, Palm Tran provides reasonable accommodation. If you need reasonable accommodation for interviewing or employment, please notify Palm Tran's Human Resources Department.

APPLICATION FOR EMPLOYMENT
In accordance with the provisions of ADA, this document
may be requested in an alternative format.

TYPE OR PRINT CLEARLY IN INK

1. Position Applied For: (Specific Title)			2. Minimum Salary Requirement:		
3. Name: (Last)		(First)	(Middle)		
4. Home Phone:			()		
5. Present Mailing Address: (Street)			(Apt. No.)		
6. Cell Phone:			()		
(City)		(State)	(Zip Code)		
7. Daytime Phone:			()		

8. Will accept position as follows: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	9. Present or previous Palm Tran employee? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES , give dates: From: _____ To: _____
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10. Relative of a Palm Tran employee? Yes No
IF YES, give name, relationship and Department employed: _____

11. Complete if position requires valid driver's license: Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> What State? _____ Has your license ever been suspended or revoked: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide dates and explain: _____	Commercial <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Non-Commercial <input type="checkbox"/> D - Chauffeur <input type="checkbox"/> E - Operator
	List Endorsements: _____	

12. Military Service

Have you claimed and been employed through Veterans' Preference? Yes No
If yes, give the name and address of the employer: _____

If not, do you claim Veterans' Preference (in accordance with Chapter 55 A-7, Florida Administrative Code, and Chapter 295, Florida Statutes)?

- A) Based on active duty during wartime period? Yes
- B) As a veteran with a compensable service-connected disability? Yes
(Documentation of disability must be dated within the past 12 months)
- C) As the un-remarried spouse of a veteran who was killed in action or who died of a service connected disability Yes
- D) As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability or as the spouse of a person missing in action, captured or forcibly detained by a foreign power? Yes

It is the applicant's responsibility to submit current and complete documentation with this application.

Documentation includes: Department of Defense document, commonly known as form DD-214 or military discharge paper, or equivalent certification from Veterans' Affairs, listing military status, dates of service and discharge type (**DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE**). All documents must clearly indicate that they are copies of originals. A Veterans' Preference statement of documentation/eligibility is posted in the Human Resources office; a copy is available upon request. If applicants claiming Veterans' Preference for vacant position(s) are not selected for the position(s), they may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731, within 21 days after receiving notice of hiring decision.

13. **Education:** Circle LAST YEAR COMPLETED: Grade / High School College
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

School	Name and Address	Did you Graduate?	Hours Completed		Major/ Minor	Degree(s) Awarded
			Sem	Qtr		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Junior College		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
			CLASSROOM HOURS		COURSE(S)	
Vocational/Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Training		<input type="checkbox"/> Yes <input type="checkbox"/> No				

14. List any special skills, knowledge or abilities that you possess that relate to this job opportunity. For example, list vehicles or equipment operated, special courses, training, bilingual ability, computer hardware/software skills, typing or shorthand or any other skills. List any CURRENT, VALID professional or occupational licensure(s) or certification(s) relevant to the position: **(APPLICANTS ARE REQUIRED TO SUBMIT A COPY OF DOCUMENTATION WITH APPLICATION)**

In accordance with Affirmative Action requirements of Sec. 503 of the Rehabilitation Act of 1973, as amended, and provisions of the Americans with Disabilities Act of 1990, the Authority provides reasonable accommodation. If you need reasonable accommodation for interviewing or employment, please notify Palm Tran's Human Resources Department.

EQUAL OPPORTUNITY/ DRUG FREE WORKPLACE/ AFFIRMATIVE ACTION/ VETERANS' PREFERENCE EMPLOYER M/F/D/V

15. Employment Record

TEN (10) YEARS OF WORK HISTORY IS REQUIRED. List your most recent employer first. Include dates of employment and specific duties performed for each employer. List periods of employment/unemployment, including self-employment, internships, or volunteer hours. **RÉSUMÉS MAY NOT SUBSTITUTE FOR THE COMPLETED APPLICATION AND ARE ONLY ACCEPTED WHEN SPECIFIED. IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE THE APPLICATION.**

From: Mo. ____ Yr. ____ Employer: _____ Supervisor: _____ Phone: () _____
 To: Mo. ____ Yr. ____ Address: _____ City: _____ State: ____ Zip: _____
 Hours Per Week: _____ Type of Business: _____
 Salary: \$ _____ Job Title: _____

Did you recommend new hires/ promotions/ terminations and conduct performance evaluation in a supervisory capacity?
 Yes No If yes, number and type of employees supervised: _____
 Duties Performed (In Detail): _____

Computer Software, Equipment, Machines Operated: _____

If no longer employed, reason for leaving: _____ Voluntary?: Yes No
 May we contact your present employer: Yes No

From: Mo. ____ Yr. ____ Employer: _____ Supervisor: _____ Phone: (____) _____
To: Mo. ____ Yr. ____ Address: _____ City: _____ State: ____ Zip: ____
Hours Per Week: _____ Type of Business: _____
Salary: \$ _____ Job Title: _____
Did you recommend new hires/ promotions/ terminations and conduct performance evaluation in a supervisory capacity?
 Yes No If yes, number and type of employees supervised: _____
Duties Performed (In Detail): _____

Computer Software, Equipment, Machines Operated: _____

If no longer employed, reason for leaving: _____ Voluntary?: Yes No

From: Mo. ____ Yr. ____ Employer: _____ Supervisor: _____ Phone: (____) _____
To: Mo. ____ Yr. ____ Address: _____ City: _____ State: ____ Zip: ____
Hours Per Week: _____ Type of Business: _____
Salary: \$ _____ Job Title: _____
Did you recommend new hires/ promotions/ terminations and conduct performance evaluation in a supervisory capacity?
 Yes No If yes, number and type of employees supervised: _____
Duties Performed (In Detail): _____

Computer Software, Equipment, Machines Operated: _____

If no longer employed, reason for leaving: _____ Voluntary?: Yes No

From: Mo. ____ Yr. ____ Employer: _____ Supervisor: _____ Phone: (____) _____
To: Mo. ____ Yr. ____ Address: _____ City: _____ State: ____ Zip: ____
Hours Per Week: _____ Type of Business: _____
Salary: \$ _____ Job Title: _____
Did you recommend new hires/ promotions/ terminations and conduct performance evaluation in a supervisory capacity?
 Yes No If yes, number and type of employees supervised: _____
Duties Performed (In Detail): _____

Computer Software, Equipment, Machines Operated: _____

If no longer employed, reason for leaving: _____ Voluntary?: Yes No

16. Please use additional sheet(s) to explain other previous employment, if necessary.

To the best of my knowledge, all statements and information I have given in this application are true. I hereby authorize the Human Resources Department to verify this information to determine my capabilities for employment.
I UNDERSTAND THAT ANY STATEMENTS FOUND NOT TO BE MATERIALLY ACCURATE MAY CONSTITUTE GROUNDS FOR MY DISMISSAL OR MAY DISQUALIFY ME FROM CONSIDERATION FOR ANY POSITIONS. THE OMISSION OF REQUIRED OR MATERIAL INFORMATION (SUCH AS PRIOR JOBS) MAY BE CONSIDERED AS GROUNDS FOR DISMISSAL OR DISQUALIFICATION. I AUTHORIZE RELEASE OF INFORMATION FOR REFERENCE CHECKS.
In accordance with Public Records Law, Chapter 119, F.S., information provided on this application may be "inspected and examined by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record or his "designee."

Signature _____ Date _____

INSTRUCTIONS FOR COMPLETING AN EMPLOYMENT APPLICATION

Applications are accepted for currently advertised positions only. Before completing the application, you should review the job advertisement. If you have performed the qualifications and preferences listed in the ad, describe them in detail on the documents submitted and emphasize areas related to the position. By following the instructions below, you can help to ensure we have the information we need to objectively review your application and better serve you.

1. Print legibly in blue/black ink or type your application.
2. Indicate the title of the position for which you are applying
3. Include your name, present mailing address, home telephone numbers, and indicate whether you are related to a current Palm Tran employee
4. Complete Driver's License information if the position requires driving. **Include copy of driver's license and permits if indicated on posting.**
5. Indicate whether you have claimed and have been employed through Veteran's Preference. If claiming preference, check the appropriate box and attach the required documentation.
6. Complete Education section, circle last year of school completed. List name, address for each school and include degree awarded.
7. List any special skills related to the position and indicate any professional or occupational licenser, registration or certification relevant to employment. Include documentation with application if required.
8. On the reverse side of the application, **Ten (10) YEARS OF WORK HISTORY IS REQUIRED.** List your most recent employer first. Include dates of employment and specific duties performed for each employer. List periods of employment/unemployment, including self employment, internships or volunteer hours. **RÉSUMÉS MAY NOT SUBSTITUTE FOR THE COMPLETED APPLICATION AND ARE ONLY ACCEPTED WHEN SPECIFIED. IT IS THE RESPONSIBILITY OF THE APPLICANT TO THOROUGHLY COMPLETE THE APPLICATION.**
9. SIGN AND DATE THE APPLICATION.

Remember:

- Specific title of the position in which you are applying
- If you are claiming Veterans' Preference, you must furnish a copy of the Department of Defense document, commonly known as Form DD-214 or military discharge papers, or equivalent certification from Veterans Affairs listing, military status, dates of service and discharge type. Veterans' Preference documentation must be attached to the application and received in Human Resources by 5:00 p.m. on the listed closing date.
- **If you are applying for a position that requires you to include a copy of your Drivers' License, you must furnish a copy of the required Drivers License (i.e. CDL Class B with Passenger endorsement) or Learner's Permit and attach it to the application. If you are applying for a position that requires a degree or certificate, it must also be attached to the application.**

Note: If you are selected for an exam or interview Human Resources will notify you by phone, approximately 4-6 weeks after the posted closing date.