



Blue Water Area Transportation Commission  
2021 Lapeer Avenue  
Port Huron, MI 48060

Phone: (810) 987-7373  
Fax: (810) 987-2431

E-Mail: [bwatc@bwbus.com](mailto:bwatc@bwbus.com)  
Web Site: [www.bwbus.com](http://www.bwbus.com)

## Employment Application

### General Information

Position Applying For:

Full Name:

First Name

Middle Name

Last Name

Address:

City:

State:

Zip:

Phone:

Cell:

Pager:

Email Address:

Are you at least 18 years of age

Upon the signing of this application, I represent that all of the information in this application or which now or hereafter may be given by me in support of my application is true and complete. I authorize the Blue Water Area Transportation Commission (the "Commission") to verify any of the information concerning me, including my former employment, education, credit history, criminal history, or medical history (post offer), with any Individuals, companies, institutions or agencies, and I authorize them and references to release such information as you require including my prior disciplinary employment record without liability for damage incurred in giving any such information and without any obligation to give me written notice of such disclosure that may be required by state or federal law. I also authorize you to release any information requested by any of my prospective or subsequent employers without liability for damage incurred in giving any such information and without any obligation to give me written notice of such disclosure that may be required by state or federal law. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures except that this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information, misrepresentation, or omissions, oral or written, provided on the application or in support may disqualify me from further consideration for employment or may subject me to discipline or discharge at any time during the period of my employment.

I agree that if I become an employee of the Commission either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered by a writing directed to me personally and signed by the Commission General Manager. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Commission - as they are from time to time changed, and no additional obligations can be imposed on the Commission except those which have been acknowledged in writing, by the Commission General Manager. I hereby authorize the Commission to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property of money entrusted to me by, or owed by me to the Commission during the course of my employment

I agree that any action or suit against the Commission, its agents or employees, arising out of this application, my employment or termination of employment including, but not limited to, claims under State, but not Federal, civil rights statutes, but be brought within 180 days of the event giving rise to the claims or forever barred. I waive any limitation periods to the contrary. I further agree that any damages that I may be awarded in any action or suit shall be limited to ninety (90) days of severance pay. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the Commission, in which the Commission prevails, I will pay to the Commission any and all such costs incurred by the Commission in defense of said claims or actions, including attorney fees.

I hereby consent to the release of my driving record to the Commission. I understand upon an offer of employment, I will be required to undergo a physical examination prior to employment and such future medical examinations as may be required by the Commission.

I hereby give my consent for the Commission through an authorized testing service of its choice, to collect blood, urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release the Commission and the testing service from any liability arising out of such test or its result. Further, I give my consent for the release of the test results and other relevant medical information to authorized Commission management for appropriate review. If I am accepted for employment by the Commission, I hereby consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment. I further agree that my employment or any officer of employment is conditional until such time as the results of my post-offer physical and drug screen are known.

Form Updated: 04/25/17

[Type here]

Signed:

Date:

A person with a disability or handicap requiring accommodation for completing the application process should notify the Commission Manager as soon as possible.

The Commission is an Equal Opportunity Employer. It is policy of the Commission to afford equal employment opportunity regardless of a person's race, religion, color, national origin, sex, age, marital status, height, weight, or disability.

Michigan law requires that a person with a disability requiring accommodation for employment notify the employer in writing 182 days after the need is known.

How long have you lived in the state, county or city?

Have you ever worked for the Commission under another name?

If yes, give name

**List any other names you have used including your maiden**

If you are hired, we will need to make a copy of your driver license and social security card.

### Educational Background

Type of School	Name and City	Years Attended	Graduated	Course or Major
Grammar or Grade	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Graduate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business or Trade	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Type here]

## Health

Are you able to perform the essential job functions listed for the position applied for with or without reasonable accommodation? (Driver functions are listed further on this application.)

## Work Record

Have you ever worked for the Commission before?

If yes, from when to when?

Position?

Reason for Leaving?

Names of your relatives, other than a spouse, already employed by the Commission.

Have you ever been discharged (fired) from employment?

If yes, please explain

Have you ever been convicted of a crime (conviction will not be an absolute bar to employment)?

If yes, please state the nature of each conviction, date, place

Have there ever been or currently any felony charges pending against you?

Who suggested that you apply for a position with the Commission?

[Type here]

## Prior Work History (List in Order, Last or Present Employer First)

### Employer 1

Dates	Name and Address of Employer	Rate of Pay	Supervisor's Name and Title
From: <input type="text"/>	Name: <input type="text"/>	Start: <input type="text"/>	Name: <input type="text"/>
To: <input type="text"/>	Address: <input type="text"/>	Finish <input type="text"/>	Title: <input type="text"/>

### Reason for Leaving

### Describe in detail the work performed.

### Employer 2

Dates	Name and Address of Employer	Rate of Pay	Supervisor's Name and Title
From: <input type="text"/>	Name: <input type="text"/>	Start: <input type="text"/>	Name: <input type="text"/>
To: <input type="text"/>	Address: <input type="text"/>	Finish <input type="text"/>	Title: <input type="text"/>

### Reason for Leaving

### Describe in detail the work performed.

### Employer 3

Dates	Name and Address of Employer	Rate of Pay	Supervisor's Name and Title
From: <input type="text"/>	Name: <input type="text"/>	Start: <input type="text"/>	Name: <input type="text"/>
To: <input type="text"/>	Address: <input type="text"/>	Finish <input type="text"/>	Title: <input type="text"/>

### Reason for Leaving

### Describe in detail the work performed.

[Type here]

### Prior Work History (continued)

#### Employer 4

Dates	Name and Address of Employer	Rate of Pay	Supervisor's Name and Title
From: <input type="text"/>	Name: <input type="text"/>	Start: <input type="text"/>	Name: <input type="text"/>
To: <input type="text"/>	Address: <input type="text"/>	Finish <input type="text"/>	Title: <input type="text"/>

#### Reason for Leaving

#### Describe in detail the work performed.

### Personal References (Excluding Former Employers or Relatives)

Name and Occupation:	Address:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(The following applies only to the applicants for a Driving Position)

### Essential Job Duties for Drivers - ALL POSITION

- Must have functional use of arms, legs, feet, hands and fingers (per D.O.T. regulations)
- Possess or ability to obtain a Class B Commercial Driver's license with air brake endorsement
- Able to operate hydraulic lift equipment in public transit vehicles
- Must be able to communicate orally with general public
- Must be able to qualify for employment by successfully passing a D.O.T. physical and drug screen
- Good prior driving record with no suspensions or revocations within the past 5 years • Good public relations
- Ability to complete logs, time sheets or repair orders legibly
- Promptness
- Must be at least 21 years of ages

(The following applies only to the applicants for a Driving Position)

### Desired Skills

- Knowledge of the Commission service area (City of Port Huron and surrounding areas)
- Neatness
- High School Education
- Experience dealing with senior citizens and individuals with mental or physical handicaps • Experience operating large vehicles

[Type here]

## Driving Experience

All applicants for positions requiring a Class B Commercial Driver's license must fill out these sections

How many years have you been driving?

Employer's vehicle

Passenger Car

Are you required to wear glasses for 20/20 vision?

Do you have 20/20 vision?

How many years have you driven commercially?

## List All Driving Licenses Held

State	CDL or Op License Number	Class	Endorsements	Restrictions (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any license you ever held been:

Suspended?

Revoked?

When?

Why?

For how long?

In what state(s)?

Have you any other driving experience?

What size vehicle?

Length of time and type of vehicle driven:

Tractor-trailer

Bus

Military

Other

In what state(s)?

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Michigan law also prohibits unlawful age discrimination.

[Type here]

## Accident Record

How many accidents have you been involved in, regardless of severity?

How many as an operator of:

Commercial vehicles?

Private cars?

Date	City and State	Brief Description of Accident
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Traffic Violations

List all traffic violations, other than parking tickets for which you have ever been convicted

Date of Violation	Crime, Infraction or Offense	Name of Court
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Conviction	Court Location	Disposition and Fine
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicate Current Traffic Points

Comments:

[Type here]

## Applicant Data Record

Position Applying For:

Full Name:

First Name

Middle Name

Last Name

Address:

City:

State:

Zip:

Phone:

Cell:

Pager:

Are you at least 18 years of age

## Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Sex:

Race:

[click here to delete text](#)

Submit Application