



Sunshine Transit • PO Box 1189 • Willow, Alaska 99688
Telephone: (907) 495-8411 Fax: (907) 495-8413
Email: sunshinetransit@yahoo.com

Applicant's Name: _____ Date application completed: _____

Title of position applying for: _____ Date available to work: _____

Available to work: ☐ Full-time ☐ Part-time ☐ As needed Birth Date: _____

Home Address: _____
Physical _____ City _____ State _____ Zip Code _____

Mailing Address: _____
City _____ State _____ Zip Code _____

Telephone No. _____ (Home) _____ (Cell) _____ Other _____

Social Security No.: _____ Are you a U.S. Citizen? ☐ Yes ☐ No

If you are not a U.S. citizen, are you authorized to work in the United States? ☐ Yes ☐ No

Alien Registration Card No.: _____

Have you worked at Sunshine Transit before? ☐ Yes ☐ No

If yes, give dates and job title: _____

Do you have relatives employed at Sunshine Transit? ☐ Yes ☐ No

Name: _____ Relationship: _____

Do you have relatives on the Sunshine Transit Board of Directors? ☐ Yes ☐ No

Name: _____ Relationship: _____

Have you refused or failed a DOT pre-employment test within the last two years? ☐ Yes ☐ No ☐ N/A

EDUCATION

High School: Name of School/City/State: _____

Dates attended: _____ Date of graduation: _____

College/University: Name of School/City/State: _____

Dates attended: _____ Degree obtained _____ Date of graduation: _____

Voc-Tec/Business, Other: Name of School/City/State: _____

Dates attended: _____ Degree obtained _____ Date of graduation: _____

APPLICABLE LICENSES, REGISTRATIONS AND CERTIFICATIONS

Type	Issuing Organization and State	Date	Number
1.			
2.			
3.			

WORK HISTORY

Company Name: _____

Address: _____

Telephone: _____ Supervisor's Name/Title: _____

Job Title: _____ Dates Employed: From _____ To _____

Beginning Salary: _____ Ending Salary: _____

Job Duties: _____

Reason for leaving: _____

If currently employed by this company, may we contact them? ☐ Yes ☐ No

Company Name: _____

Address: _____

Telephone: _____ Supervisor's Name/Title: _____

Job Title: _____ Dates Employed: From _____ To _____

Beginning Salary: _____ Ending Salary: _____

Job Duties: _____

Reason for leaving: _____

If currently employed by this company, may we contact them? ☐ Yes ☐ No

Company Name: _____

Address: _____

Telephone: _____ Supervisor's Name/Title: _____

Job Title: _____ Dates Employed: From _____ To _____

Beginning Salary: _____ Ending Salary: _____

Job Duties: _____

Reason for leaving present position: _____

If currently employed by this company, may we contact them? ☐ Yes ☐ No

Please list your skills as relevant to the position you are applying for, and any other information that might be pertinent, including volunteer experience, extra training, awards hobbies, etc:

Have ever been convicted of a crime? ☐ Yes ☐ No If so, when: _____

List details: _____

REFERENCES

Please provide the names, addresses and telephone numbers of three former employers who we can contact that can comment on your work abilities

Name/Title	Address	Contact Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

1. I authorize Sunshine Transit to inquire into my education, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Sunshine Transit and hold Sunshine Transit and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.
2. I understand that, in the event of my employment by Sunshine Transit, I shall be subject to dismissal if any information that I have provided in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.
3. I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Sunshine Transit is intended to create an employment contract between my self and Sunshine Transit under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by Sunshine Transit or me at any time and for any reason.
4. I further understand that Sunshine Transit does not discriminate in the hiring of individuals based on race, color, religion, national origin, ancestry, age, sex, marital status or physical or mental impairment/disability or any protected classification. Sunshine Transit is an equal opportunity employer.

5. I understand that the satisfactory completion of a background check is a prerequisite to employment with Sunshine Transit.
6. I understand that Sunshine Transit will perform a background check
7. I understand that Sunshine Transit is a drug free workplace and that the satisfactory completion of a drug and alcohol test is prerequisite to employment with Sunshine Transit. I also understand that all Sunshine Transit staff participates in random drug and alcohol testing.

NOTE TO APPLICANTS: Do not answer this question unless you have been given a review of the position responsibilities of the job for which you are applying.

Are you capable of performing the position responsibilities involved in the occupation for which you have applied, with or without a reasonable accommodation? ☐ Yes ☐ No

I hereby acknowledge that I have read and agree to the above statements.

Signature of Applicant

Date

THIS PORTION IS USED FOR SUNSHINE TRANSIT ONLY. DO NOT WRITE BELOW THIS STATEMENT.

Interviewed by _____ Date _____

Remarks _____

Employed: ☐ Yes ☐ No Date of reporting for work _____

Position: _____ Hourly rate/salary _____



**RELEASE OF INFORMATION AUTHORIZATION FOR
BACKGROUND CHECK**

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of Sunshine Transit, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with Sunshine Transit guidelines.

Applicant Printed Name

Date

Applicant Signature

Applicant SSN