



APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". DO NOT LEAVE QUESTIONS BLANK. Be sure to sign when completed. We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may apply for more than one position, but a separate application must be completed for each position in which you wish to apply.

RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATION.

FAILURE TO COMPLETELY FILL OUT THIS APPLICATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT.

PERSONAL DATA

Last Name:		First Name:		Middle Initial:	
Social Security No:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Cell/Alternate Phone:		Email Address:		
Current Street Address:			City:	State:	Zip Code:
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____		State:	License No:
				Expiration Date:	

APPLICATION / EMPLOYMENT STATUS

Date of application:		List any prior dates of employment and positions with Topeka Metro:			
List position and/or type of work for which you are applying:		If referred to this company for employment, who provided the recommendation?			
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>		Desired hourly wage:		Date available for work:	
				Are you available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION HISTORY

Type of School	Name and Location of School	Did You Graduate?		Years Completed	Course of Study
HIGH SCHOOL		Yes	No		
COLLEGE		Yes	No		
GRADUATE		Yes	No		
TECHNICAL, TRADE, or OTHER		Yes	No		

EMPLOYMENT HISTORY
PLEASE LIST ALL EMPLOYMENT DURING THE PAST 5 YEARS.
 ATTACH ADDITIONAL PAGES, IF NECESSARY.
 PLEASE LIST YOUR CURRENT OR MOST RECENT EMPLOYER HERE:

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:					
Reason for leaving:					
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. (Please explain below:)					
Comments:					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")
 PLEASE LIST YOUR SECOND MOST RECENT EMPLOYER HERE:

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:					
Reason for leaving:					
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. (Please explain below:)					
Comments:					

EMPLOYMENT HISTORY (PLEASE FILL IN ALL SPACES BELOW OR MARK "N/A")
 PLEASE LIST YOUR THIRD MOST RECENT EMPLOYER HERE:

From:	To:	Employer:	Phone:		
Immediate Supervisor:		Address:	City:	State:	Zip:
Starting Job Title:		Ending Job Title:	Starting Pay Rate:	Final Pay Rate:	
Summarize the nature of work performed and your job responsibilities:					
Reason for leaving:					
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later, not at this time. (Please explain below:)					
Comments:					

PERIODS OF UNEMPLOYMENT

Please use this space to provide dates and details of any periods of unemployment (include ALL gaps in employment):

MILITARY SERVICE RECORD

Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date and <u>type</u> of discharge (OPTIONAL):	
If yes, list branch:			
Dates of service:	From:	To:	Training and special skills:

CRIMINAL RECORD

Note: A criminal record or conviction may not disqualify you from consideration for employment. However, you will not be considered if you fail to truthfully complete this section.

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so please list date and nature of offense(s):	
Name and location of court:		Disposition of case:	
Name of probation/parole officer:	Phone No:	Are there any felony or misdemeanor charges pending against you? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact him//her? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERSONAL REFERENCE DATA

Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:
Name:	Address (incl. city, state, & zip) or Email:	Phone No:	Relationship:

May we contact the above individuals for a reference? Yes No (If no, why?):

The following functions may be essential requirements of this position. Please rate your ability to perform the following functions and tasks using a scale of 1 to 10 (1 = CANNOT PERFORM and 10 = CAN EASILY PERFORM):

Lift and/or carry up to 50-lbs. multiple times per day.		Eye/hand/foot coordination sufficient to operate equipment, tools, and to climb ladder.	
Push and/or pull objects, requiring 15 lbs of force.		Knowledge of cleaning materials, tools, equipment, and methods.	
Standing/walking up to 7 hours per day.		Maintain cleanliness of tools/equipment and work area.	
Climb up and down steps multiple times per day.		Perform several tasks simultaneously and/or remain focused on the job at hand.	
Fully extend your arms for overhead cleaning repeatedly throughout the day.		Work cooperatively with others and resolve problems in a responsible manner (i.e. respect the chain-of-command).	
Bend over and/or squat repeatedly throughout the day.		Willing to make occasional schedule adjustments when required.	

EQUIPMENT EXPERIENCE

Please list skills & equipment experience relevant to the job for which you are applying:

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ABOUT HCI & THE HIRING PROCESS:

HCI, or Hatcher Consultants, Inc., provides management-consulting services to the Topeka Metropolitan Transit Authority (hereinafter referred to as Topeka Metro or Company). HCI is not an employment placement agency and applicants offered employment become employees of Topeka Metro. The Company has hired HCI to assist in helping provide a safe and quality work environment.

Please review your application to ensure that all questions have been answered to the best of your ability. HCI will be screening applications for completeness, honesty, and accuracy. Failure to completely fill out this Application for Employment may result in disqualification from employment consideration. THIS SCREENING PROCESS MAY INCLUDE THE ACQUISITION OF AN "INVESTIGATIVE CONSUMER REPORT" INCLUDING ANY HISTORY OF CRIMINAL CONVICTIONS, JOB SAFETY VIOLATIONS, EMPLOYMENT HISTORY (INCLUDING ATTENDANCE AND OTHER PERFORMANCE-RELATED ISSUES), AND OTHER INFORMATION DEEMED RELEVANT TO THE APPLICANT-SELECTION PROCESS.

I HEREBY AUTHORIZE HATCHER CONSULTANTS, INC., AND AGENTS ACTING ON BEHALF OF HCI, TO REQUEST AND OBTAIN PERTINENT INFORMATION (DETAILED IN THE ABOVE PARAGRAPH) FROM MY FORMER EMPLOYERS. I RELEASE ALL FORMER EMPLOYERS PROVIDING SAID INFORMATION FROM ANY AND ALL LIABILITY THAT MAY ARISE BY THE TRUTHFUL DISCLOSURE OF THE AFOREMENTIONED EMPLOYMENT INFORMATION. I FURTHER AUTHORIZE HCI TO DISCLOSE MY EMPLOYMENT HISTORY AND DATA LISTED WITHIN THIS APPLICATION TO COMPANIES AND/OR ORGANIZATIONS THAT HAVE A BUSINESS RELATIONSHIP WITH HCI.

I UNDERSTAND THAT IT IS THE POLICY OF TOPEKA METRO THAT ALL APPLICANTS OFFERED EMPLOYMENT SUCCESSFULLY COMPLETE A DRUG AND/OR ALCOHOL SCREEN PROVIDING EVIDENCE OF THE ABSENCE OF ILLICIT AND/OR IMPAIRING SUBSTANCES. I ALSO UNDERSTAND THAT A CONFIRMED TEST RESULT FOR THE PRESENCE OF AN ILLICIT AND/OR IMPAIRING SUBSTANCE, OR MY FAILURE TO SUBMIT TO A DRUG SCREEN AS DIRECTED, WILL PRECLUDE ME FROM CONSIDERATION FOR EMPLOYMENT WITH TOPEKA METRO FOR A PERIOD OF TWO (2) YEARS.

This application does not constitute an agreement or contract for employment. I understand that only an authorized Company official or designee has the authority to make any assurances to the contrary. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I certify that the information contained in this Application for Employment, including any resume or other attachment(s), is true, correct, and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions I have made on this application or any supplement thereto, will be sufficient grounds for rejection of this application by HCI, or discharge from employment if already hired.

My signature acknowledges that I have read and agree to the above statements and affirmations.

Applicant's Signature

Date