

APPLICATION FOR EMPLOYMENT

(use additional pages if necessary)



Please print or type. Answer all questions completely and show clearly that you meet the requirements of the position applied for. The information will be used to determine if your application is accepted. Part or all of your rating will be based on this information.

TRANSIT POSITIONS: (PLEASE CIRCLE ALL THAT APPLY)				PARKING UTILITY POSITIONS:			
PARATRANSIT DRIVER		FIXED ROUTE DRIVER		CLEANER		HOSTLER	
				MECHANIC		SEASONAL OTHER _____	
NAME (FIRST, MIDDLE, LAST)				HOME PHONE NUMBER		MOBILE PHONE NUMBER	
CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)				SOCIAL SECURITY NUMBER			
EMAIL ADDRESS				ARE YOU A U.S. CITIZEN OR LEGAL ALIEN?			
				YES NO			
NAMES OF RELATIVES EMPLOYED BY THE CITY				IF YOU WERE REFERRED, LIST THE EMPLOYEE			
DO YOU HAVE A VALID WI DRIVERS LICENSE?		DO YOU HAVE A VALID COMMERCIAL DRIVERS LICENSE?		CLASS CDL		STATE ISSUED	
YES NO		YES NO		A B C D			
DRIVER'S LICENSE NUMBER:		PASSENGER ENDORSEMENT		AIR BRAKE RESTRICTIONS			
		YES NO		YES NO			
EARLIEST DATE AVAILABLE TO START WORK?				HOW MANY DAYS WERE YOU ABSENT FROM WORK IN THE LAST 3 YEARS DUE TO PERSONAL REASONS?			
WERE YOU EVER ASKED TO RESIGN OR DISCHARGED?							
YES NO IF YES, EXPLAIN:							
MAY WE CONTACT YOUR PRESENT EMPLOYER?				LIST SHIFTS AVAILABLE FOR WORK:			
YES NO				EARLY AM MID DAY EVENINGS SATURDAYS			
IS THIS THE ONLY INCOME PRODUCING JOB YOU INTEND TO HAVE?							
YES NO IF NO, EXPLAIN:							
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SHEBOYGAN?							
YES NO IF YES, POSITIONS:				DATES:			
WERE YOU IN THE ARMED FORCES?		IF YES, WHEN?		TYPE OF DISCHARGE?			
YES NO BRANCH:		FROM: TO:					
HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS?				YES NO			
(CONVICTIONS ARE NOT AUTOMATIC BAR TO EMPLOYMENT AND WILL BE CONSIDERED ONLY AS IT PERTAINS TO THE JOB.)							
IF YES, NATURE OF OFFENSE:		DATE OF CONVICTION:		NAME AND LOCATION OF COURT:			
HIGHEST COMPLETED LEVEL OF EDUCATION:		NAME AND ADDRESS OF HIGH SCHOOL				DID YOU GRADUATE?	
H.S./GED ASSOCIATES BACHELOR OTHER						YES NO	
TRAINING BEYOND HIGH SCHOOL: COLLEGE, TECHNICAL OR OTHER SCHOOLS YOU HAVE ATTENDED. UNDER CREDITS EARNED INDICATE Q FOR QUARTERS AND S FOR SEMESTERS. COMPLETE BELOW:				CIRCLE YEARS BEYOND HIGH SCHOOL		GED CERTIFICATE YEAR	
				1 2 3 4 5 6			
NAME & LOCATION		DATES ATTENDED		CREDITS		MAJOR FIELD	

**EMPLOYMENT
INFORMATION**

Begin with your present employment and work back. Account for all time during the last 15 years including periods of unemployment. Answer all questions even if you submit a resume. IN ADDITION, please describe all other experience that would qualify you for this position.

PRESENT OR MOST RECENT EMPLOYER		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
PAST EMPLOYER #2		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
PAST EMPLOYER #3		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
PAST EMPLOYER #4		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
LIST ALL OTHER QUALIFICATIONS WHICH QUALIFY YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED:			

List all Motor Vehicle Accidents in which you have been involved in the Past Three (3) Years:

DATE	LOCATION (City and State)	NATURE OF ACCIDENT (Upset, Head-on, Etc.)	DESCRIBE ANY PERSONAL INJURY OR FATALITY

List all violations of motor vehicle laws or ordinances (Other Than Violations Involving Only Parking) of which you were convicted or forfeited bond or collateral during the Past Three (3) Years.

Location (City and State)	Date	Violation	Penalty of Disposition

Have you ever been denied a license, permit or privilege to operate a motor vehicle or has a license, permit or privilege issued to you to operate a motor vehicle ever been revoked or suspended? YES NO

If yes, provide detail the facts and circumstances of each such denial, suspension or revocation:

Describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment such as buses, trucks, etc., which you have operated.

CERTIFICATION

Federal and state laws prohibit discrimination based upon this information which is requested. We are an Equal Opportunity Employer. M/F/H. Your opportunity for employment or promotion will be based on your merit and fitness and no other consideration.

READ CAREFULLY BEFORE SIGNING: I certify that all answers to the above questions are true and complete. I understand and agree that any misstatements or omissions of material facts will subject me to disqualification or dismissal. I hereby authorize the City to investigate my former employers and to make any further investigation deemed necessary and do hereby release the City and its employees from all liability resulting from such investigation. This application will remain active for only 90 days unless renewed by me.

IF YOU HAVE A DISABILITY WHICH REQUIRES REASONABLE ACCOMMODATION, PLEASE CHECK HERE TO REQUEST TO DISCUSS POTENTIAL ACCOMMODATIONS THAT WOULD ENABLE YOU TO PARTICIPATE IN THE APPLICATION PROCESS OR PERFORM ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.

The City of Sheboygan, Wisconsin is an Equal Opportunity Employer In compliance with the Americans with Disabilities Act, the City of Sheboygan will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

Signature: _____

Date: _____



AUTHORIZATION
PRE-EMPLOYMENT NOTIFICATION & ACKNOWLEDGEMENT

I understand and acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) prior to being hired or transferred into a safety-sensitive position as defined in CFR Part 655*. I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative non-dilute result.

Please Print:

Full Name: _____ Date: _____

Signature: _____

Please answer the following questions:

Have you tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position in the past two years? YES NO

If you answered YES, can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR Part 40, Subpart O? YES NO

Please Print:

Full Name: _____ Date: _____

Signature: _____

*A safety-sensitive function, as described by 49 CFR Part 655 Section 655.4, includes: (1) operating a revenue service vehicle; (2) operating a non-revenue service vehicle, when required to be operated by a CDL holder; (3) controlling dispatch or movement of a revenue service vehicle; (4) maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; or (5) carrying a firearm for security purposes.



AUTHORIZATION
RELEASE OF INFORMATION (FOR OFFICIAL USE ONLY)

DATE: _____

I hereby empower any officer of the City of Sheboygan, bearing this release to within one year of its date, to obtain information and records pertaining to me from any or all of the following sources and to release same to the Director of Transit & Parking of the City of Sheboygan.

1. Any previous employer
2. Any police department or law enforcement agency
3. Any school, college, university, or other educational institution

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to the blanket authorization:

Please Print:

Full Name: _____

Address: _____

City, State & Zip Code: _____

Date of birth: _____ Maiden Name: _____

Signature: _____ Date: _____



2018 SUMMARY OF BENEFITS

UNION/REPRESENTED COMPENSATION PACKAGE

Shoreline Metro, a department of the City of Sheboygan, offers a competitive compensation and benefits package for employees including part-time employees. The following is a summary of benefits and eligibility:

COMPENSATION

	<u>UNDER 5 YR</u>	<u>5 YRS</u>	<u>10 YRS</u>	<u>15 YRS</u>	<u>20 YRS</u>
FIXED ROUTE DRIVER	21.90	22.45	23.00	23.54	23.87
PARATRANSIT DRIVER	13.50	15.00	-	-	-
MECHANIC	25.26	25.89	26.52	27.15	27.53
HOSTLER	19.03	19.51	19.98	20.46	20.74
SERVICE PERSONNEL	16.46	16.87	17.28	17.69	17.94

*All employees start at 75% of base wage through training and probationary then 100% upon completion of 90-day probationary period.

HEALTH & DENTAL INSURANCE

Shoreline Metro offers a comprehensive high deductible wellness based health insurance plan to qualifying employees. All full-time employees are eligible for health and dental insurance at an affordable rate. Part-time employees may qualify for insurance based on the number of hours worked during a calendar year.

Part-time employees who work between 20-39 hours per week are eligible for health and dental insurance at 50% of the rate of coverage. All part-time employees are eligible for coverage after one year of service (min. requirements apply).

Additional benefits such as short-term and long-term disability insurance and Flexible Spending Accounts are also available.

LIFE INSURANCE

Employees working in a full-time position will have their share of the group life insurance premium paid for by Shoreline Metro for eleven of twelve months. Employees are responsible for the twelfth monthly payment.

CLOTHING & TOOL ALLOWANCE

Shoreline Metro offers clothing allowance to fixed route drivers based on their classification ranging from \$170 to \$260 per year. Mechanics are eligible for up to \$450 allowance for tool purchases. Mechanics and Hostlers are eligible annually for a \$100 allowance for safety shoes and jackets.

RETIREMENT

Employees working over 1,200 hours per year are eligible for the Wisconsin Retirement System.

VACATION/PTO/HOLIDAYS

Employees of Shoreline Metro are eligible for vacation and/or floating holiday paid-time-off (PTO) according to years of service. Full-time employees start with 2 weeks of vacation after one year of continuous service. Part-time employees (except for Paratransit drivers) are eligible for 1 week of vacation after one year of continuous service on a prorated basis. Paratransit drivers may also be eligible for vacation.

All employees are eligible for floating holiday PTO. Full-time employees earn forty (40) hours per week (based on years of service) while part-time employees may earn a prorated amount based on hours worked the previous year. All employees are eligible for holiday pay. Exclusions may apply.

TRANSPORTATION

All employees and their immediate family are eligible for free fares on aboard Shoreline Metro.

Employees of Shoreline Metro work for a great organization that is dedicated to safety, customer service and fair treatment of employees and customers alike. Shoreline Metro provides public transportation for the citizens of Sheboygan, Sheboygan Falls and Kohler. As an employee of Shoreline Metro, you can expect to work in an environment that is team-oriented, cultured, and dedicated to your success.

Here's an overview of the expectations of being a bus driver for Shoreline Metro:

- **Work Shifts**
 - Drivers are assigned to open routes/shifts during all hours of operation;
 - Drivers may be assigned to a morning, evening or Saturday run under normal circumstances;
 - Mornings start at as early as 5:00 a.m. on fixed route, 5:30 a.m. on paratransit
 - Evenings end as late 9:30 p.m. on fixed route and paratransit
 - Drivers are expected to be available for both scheduled and call-in work;
 - Drivers move up on the seniority list as drivers retire/resign from Shoreline Metro;

- **Hours of Work**
 - Drivers are hired as Part-Time with the opportunity to advance as positions come available;
 - Drivers may work as many hours as available by both the employer and employee;
 - Drivers are not assigned a minimal amount of hours each week;

- **Attendance**
 - Drivers are expected to be regular in their attendance;
 - Drivers are expected to report to work at or before the scheduled report-in time;
 - Drivers may have time off approved by a supervisor on a first come, first serve basis and/or by seniority;

- **Training/Probationary Period**
 - Drivers pay is set at 75% of the base wage during training and probationary;
 - The training period is based on the ability of the employee and is scheduled at the mutual discretion of the employee and Shoreline Metro;
 - Probationary is 90-days;

- **Representation**
 - Employees may elect to pay labor union dues (Amalgamated Transit Union Local 998) through voluntary payment after completion of the 90-day probationary period;

I hereby acknowledge the requirements and expectations of the bus driver position with Shoreline Metro and if offered employment, will meet these requirements to the best of my ability with or without reasonable accommodations by Shoreline Metro:

Signature: _____

Date: _____



APPLICANT DATA RECORD

VOLUNTARY APPLICANT DATA SURVEY

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

As employers / governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government recordkeeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Submission of the following questions is strictly voluntary. Failure to respond will have no adverse effect on your or your job status. If you do respond, the information given will be kept confidential and used in accordance with federal regulations.

NAME: _____ **DATE:** _____

LIST ALL POSITIONS APPLIED FOR: _____

REFERREL SOURCE(S): (Please circle all that apply)

- | | | | |
|-----------------------|---------------|-------------------------|----------------|
| Advertisement | Newspaper | Shoreline Metro Website | Posting on Bus |
| Wisconsin Job Service | Friend/Family | Employment Agency | Radio |

Employee of Shoreline Metro or City of Sheboygan: _____

GENDER: Male Female

NATIONALITY: White/Caucasian Black American Indian/Alaskan Native

 Hispanic Asian/Pacific Islander

CIRCLE THE FOLLOWING AS THEY APPLY:

- | | | |
|---------------------|------------------|------------------------------|
| Vietnam Era Veteran | Disabled Veteran | Individual with a Disability |
|---------------------|------------------|------------------------------|