CitrusConnection

Lakeland Area Mass Transit District

APPLICATION

FOR

EMPLOYMENT

CitrusConnection

Lakeland Area Mass Transit District

Employment Application Instructions

- ***THE CITRUS CONNECTION IS AN EQUAL OPPORTUNITY EMPLOYER & A DRUG-FREE WORKPLACE***

- ***GENERAL INFORMATION***

- **Please read the minimum requirements located in the job posting for the job in which you are interested.**
- Remember to sign and date your employment application.
- A separate employment application is required for each job title for which you are applying.
- Citrus Connection applicants should provide accurate and complete application information regarding employment, education, criminal history, etc.
- Criminal record checks will be run on all applicants not currently employed with the Citrus Connection.
- **The following information is required for criminal record checks to be run: SS#, birth date, driver's license and state in which it was issued, city and state of every employer.**
- Applications written in pencil or copies that are too light or damaged (bent, rolled, stained, etc.) are not acceptable.
- **Once submitted, your application and attachments will not be returned to you.**
- If you are applying for the position of Bus Operator Trainee; you must be a minimum of twenty-one (21) years of age.

- ***REASONABLE ACCOMMODATIONS (Americans with Disabilities Act)***

- The Citrus Connection is glad to provide reasonable accommodations to qualifying applicants. Please ask for a Reasonable Accommodation Request form if you wish to request an accommodation.

- ***VETERAN'S PREFERENCE***

- Please submit your DD214 and/or proof of service connected disability for veteran's preference points to be awarded.

- ***APPLICATION INSTRUCTIONS***

- Work history information is used to determine whether you qualify for the job for which you are applying.
- List all periods of employment, beginning with your present or most recent employer and working back.
- Title of position held should be your official title and not a working title or multiple titles.
- It is especially important that you fill out the beginning and ending dates (month/year) and the average number of hours worked per week for each job listed. If the hours varied, list a range such as "5-15" hours, or "20-40" hours. If you often worked overtime, "40+" is acceptable in the hours box.
- If you held different jobs while working for the same employer (e.g. promotions), treat each change as a separate job using separate blocks and giving specific information for each change.
- Also, describe the specific job duties beginning with your primary duties.
- Please check your starting and ending dates for feasibility. Look for errors such as employed from 2/6/87-1/4/82 or a date of 14/2/93, or 6/8/19.
- Please do not use abbreviations, initials or military jargon when describing your duties or listing your job title.
- If you cannot fit all the jobs you have held on this application form, ask for supplemental sheets for listing additional jobs (or copy any blank job page).
- **YOU MAY ATTACH A COPY OF YOUR RESUME TO THE APPLICATION; HOWEVER, RESUMES CANNOT BE SUBSTITUTED FOR FILLING OUT THE APPLICATION.**

Please be advised that due to the volume of applications received, the Human Resources Department is unable to provide you with a status of your application. Only candidates of interest will be contacted for an interview.

Thank you for your interest in Citrus Connection

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Administrative Office
1212 George Jenkins Blvd., Lakeland, FL 33815
Mailing Address: 1212 George Jenkins Blvd
Lakeland, FL 33815
Phone: 863.640.2767/HR Fax 863.327.1349
Web Address: www.ridecitrus.com

*** Please read employment application instructions before completing this form***

POSITION FOR WHICH YOU ARE APPLYING:	

Last Name	First Name	Middle Initial
Mailing Address	City	County

State	Zip	Cell Telephone #	Home Telephone #	E-Mail Address

Driver's License #	State	Expiration Date	☐ Private Vehicle License ☐ Commercial Driver's License	License Class _____ Endorsements _____ _____

Are you claiming Veteran's Preference? (Please attach a copy of DD214 and/or service connected disability)	☐ Yes ☐ No
Have you ever been convicted of a felony or misdemeanor; or have you ever pled nolo contendre or have an adjudication withheld? If you answered yes to any of the preceding, please complete the following: (*A conviction is not an automatic bar to employment*). ***Nature of Offense(s)*** ***Name & Location of Court*** ***Date of Conviction***	☐ Yes ☐ No
Are any of your educational or employment records found under a different last name? If yes, please give the last name. *Previous Last Name*	☐ Yes ☐ No
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. ***Employer*** ***Date and Reason***	☐ Yes ☐ No
Do you have any **relatives** working for the Citrus Connection? If yes, please complete the following: (Continue listing relatives on a separate page if necessary) *Name* *Relationship* *Department (if known)*	☐ Yes ☐ No
If hired, are you authorized to work in the United States? (For non-citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted on date of hire).	☐ Yes ☐ No

PROFESSIONAL REFERENCES

Name	Telephone Number

EDUCATION AND TRAINING

ELEMENTARY AND HIGH SCHOOL EDUCATION

Did you graduate from High School or have you obtained a GED?	Highest Grade Completed (choose one)
☐ YES ☐ NO	☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

COMMENTS:

Special Training (Business, Trade, Vocational, Armed Forces Schools, Etc.)

Names and Locations of School(s) City & State	Dates Attended (Mo & Yr)		Course of Study	Diplomas/Certificates Received
	From	To		

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

Names and Locations of School(s) City & State	Dates Attended (Mo & Yr)		Major	Degree **Earned** (e.g. BA/BS/MS/MBA) Only list **IF** completed
	From	To		

PROFESSIONAL LICENSES

Professional License Issued By	Specialization	License Number (if any)	Issue Date	Expiration Date

EMPLOYMENT HISTORY

WORK EXPERIENCE-Please detail your work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. Please **DO NOT** complete this information with the notation "See Resume."
PLEASE NOTE: The Citrus Connection reserves the right to contact all current and former employers for reference information.

May we contact your present employer? YES ☐ NO ☐ Comment:

1	Start Date month/year	End Date/Still Employed Month/year	Employer/Company Name and address **(city and state are required)**

Rate of Pay (hourly or annually)	Name & Title of Supervisor/Manager	Supervisor/Manager's Number

Title of Position Held:

Reason for Leaving:

Describe job responsibilities in order of importance:

2	Start Date month/year	End Date Month/year	Employer/Company Name and address **(city and state are required)**

Rate of Pay (hourly or annually)	Name & Title of Supervisor/Manager	Supervisor/Manager's Number

Title of Position Held:

Reason for Leaving:

Describe job responsibilities in order of importance:				
3	Start Date month/year	End Date Month/year	Employer/Company Name and address **(city and state are required)**	
Rate of Pay (hourly or annually)	Name & Title of Supervisor/Manager		Supervisor/Manager's Number	
Title of Position Held:				
Reason for Leaving:				
Describe job responsibilities in order of importance:				
4	Start Date month/year	End Date Month/year	Employer/Company Name and address **(city and state are required)**	
Rate of Pay (hourly or annually)	Name & Title of Supervisor/Manager		Supervisor/Manager's Number	
Title of Position Held:				
Reason for Leaving:				
Describe job responsibilities in order of importance:				
5	Start Date month/year	End Date Month/year	Employer/Company Name and address **(city and state are required)**	
Rate of Pay (hourly or annually)	Name & Title of Supervisor/Manager		Supervisor/Manager's Number	
Title of Position Held:				
Reason for Leaving:				
Describe job responsibilities in order of importance:				

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APPLICATION ACKNOWLEDGEMENT

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the Citrus Connection to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is **NOT** an offer of employment, and that an offer of employment, if tendered, does **NOT** constitute a contract for continued guaranteed employment. I understand that employees of the Citrus Connection serve at-will, and the employment relationship may be terminated at any time by either party, or for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States.

I understand that this application will become a part of the Citrus Connection's records and will not be returned, reused or copied for me once submitted. I am also aware that my application is subject to the State of Florida Public Records Act and may be released as a public document.

By signing below, I certify and acknowledge the above statements.

Signature	**Date**

(Unsigned applications will not be considered)

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APPLICANT DATA RECORD

Solely to help Citrus Connection comply with government recordkeeping, reporting, and other legal requirements, please fill out the Application Data Record. Your responses will be used for statistical purpose only and will be kept in a confidential file, separate from the employment application. The information you supply is voluntary and will not be used for employment purposes.

Name (Print): _____

Position applied for: _____

REFERRAL SOURCE

- ☐ Newspaper (please indicate which newspaper): _____
- ☐ Employment Agency (please indicate which agency): _____
- ☐ Online Job Board (please indicate here, i.e. Monster, CareerBuilder etc.) _____
- ☐ Citrus Connection Website
- ☐ Professional Journal(please indicate here): _____
- ☐ Employee Referral (please indicate employee name here): _____
- ☐ College or University (please indicate here): _____
- ☐ Walk-in
- ☐ Other (please indicate source here): _____

EQUAL EMPLOYMENT OPPORTUNITY (EEO) Data

Affirmative Action Survey	Check One	Check One	
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action ONLY.	☐ Male ☐ Female	☐ Hispanic or Latino ☐ White (Not Hispanic or Latino) ☐ Black or African American (Not Hispanic or Latino) ☐ Native Hawaiian or Other Pacific Islander	☐ Asian (Not Hispanic or Latino) ☐ American Indian or Alaska Native ☐ Two or More Races

Special Employment Notice to disabled veterans, and individuals with a physical or mental disability

Government entities are subject to Section 503 of the Rehabilitation Act of 1973, as amended, which requires government entities take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer the information below. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you receive for employment.

If you wish to be identified, please <u>check one</u> of the boxes below:

☐ **Disabled Individual** ☐ **Disabled Veteran**