**Job Application**

TriMet Human Resources

1800 SW First Ave Suite 300

Portland, OR 97201

Phone: 503-962-7505 • Web: [trimet.org/careers](http://www.trimet.org/jobs)

TriMet provides reasonable accommodations for qualified individuals with disabilities. To request accommodation in the recruitment or selection process please contact TriMet Human Resources at 503-962-7505, or the TTY line at 503-962-5811.

TriMet hires only United States citizens and aliens lawfully authorized to work in the United States. All new employees will be required to complete an I-9 form and provide documentation establishing identity and employment eligibility within three (3) days of hire.

*TriMet is an Equal Opportunity and Drug Free Workplace Employer.*

**Unsigned, incomplete or illegible applications will not be considered. A resume may be attached to the application, but it does not substitute for completion of this application form.**

**Personal Profile**

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| Name: | Position applied for: |
| Address: | City/State/Zipcode: , + |
| Email: |
| Primary phone: ( ) | Alternate phone: ( ) |
| Former last name(s) (if applicable): | Month/day of birth: / |
| Driver’s license number (if applicable): State: Class: |
| Have you held a driver’s license in any state besides Oregon in the past 5 years? Yes NoIf so, we will need a copy of your driving record from that state within 2 weeks of your application submission. Please list any traffic violations within the past 5 years. |
| Can you, after employment, submit proof of your legal right to work in the United Sates? Yes No |
| What is your highest level of education? |
| Types of positions you will accept: Regular Temporary Internship Full Time Part Time Per Diem |
|  Preferred Salary: | Are you Willing to Relocate: Yes No |

**Additional Questions**

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| How did you first learn of this position? |
| If you were referred by an employee, please provide employee name. |
| Are you a current TriMet employee? Yes No | If so, what is your ID#? |

Revised 12/09/14

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| --- | --- |
| Are you a former TriMet employee? Yes No | Dates of previous TriMet employment: / |
| Will you be able to satisfy TriMet's attendance requirements, which requireemployees to report to work on time regularly and to avoid absences? Yes No |
| If required by the job, can you work nights? Yes No |
| If required by the job, can you work weekends? Yes No |
| If required by the job, can you work holidays? Yes No |
| If required by the job, can you work split shifts? Yes No |
| Do you possess a high school diploma or GED? Yes No |
| Please list any aliases or other names in the last ten years. |
| Give dates and explain all periods of unemployment over three months. |
| Do you require a reasonable accommodation to participate in the recruitment Yes No  |
| Can you perform the essential functions of the job for which you are applying Yes No with or without reasonable accommodation? |
| TriMet provides reasonable accommodations for qualified individuals with disabilities. To request accommodation in the recruitment or selection process, please contact TriMet Human Resources at 503-962-7505, or the TTY line at 503-962-5811. Do you require a reasonable accommodation to participate in the recruitment or selection process? Yes No  |
| ORS 408.225, 408.230, 408.235 and OAR 105-040-00010, 105-040-0015 provide qualifying veterans and disabled veterans with preference in employment in accordance with Oregon law. If you think you may qualify, please read and answer the following questions carefully. Check the box for each item that is appropriate.Are you a veteran and are claiming veterans’ preference points? Yes No(if yes, I will provide proof of eligibility by submitting a copy of my DD-214 or DD-215) |
| **QUALIFIED VETERAN QUESTIONS:** You may claim 5 POINTS veterans’ preference if you check **at least one box** below **and**provide **proof of eligibility** by submitting a copy of your **DD-214 or DD-215**. |
| Section One – ORS 405.225(1) and ORS 408.225(2) –  **select one response only**I served on active duty\* with the Armed Forces of the United States for a period of more than 178 consecutive days and was discharged or released from active duty under honorable conditions; ORS 408.225(1)(E)(A)(i) **OR**I served on active duty\* with the Armed Forces of the United States for 178 days or less was discharged or released from active duty under honorable conditions because of a service-connected disability; ORS 408.225(1)(E)(A)(ii) **OR**I served on active duty\* with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; ORS 408.225(1)(E)(A)(ii) **OR**I received a combat or campaign ribbon for service in the Armed Forces of the United States; ORS 408.225(1)(B) |
| Section Two – ORS 408.230(1) and ORS 408.230(5) –  **select one response only**This application is for an initial appointment. (not a promotion test for a position which will put me in another job class having a higher maximum salary rate); **OR**After my initial permanent appointment to a civil service position, I was granted military leave to serve in the armed services for more than 178 days, and then returned to duty in a permanent civil service position. This application is for a promotion to a position that would put me in a higher job class having a higher maximum salary rate. |
| Are you a disabled veteran and are claiming veterans’ preference points? Yes No(if yes, I will provide proof of eligibility by submitting a copy of my DD-214 or DD-215) |
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| **QUALIFIED DISABLED VETERAN QUESTIONS**: You may claim 10 POINTS veterans’ preference if you check **at least one box in each of the two sections** below **and** provide proof of eligibility by submitting both: a copy of your DD-214 or DD-215 and a copy of your veterans’ disability preference letter stating your disability and dated within the last 6 months from the Department of Veterans’ Administration. |
| Section One – ORS 408.225(1)(c) – **select one response only**I am entitled to disability compensation under law administered by the United States Department of Veterans’ Affairs;**OR** |
| I am discharged or released from active duty for a disability incurred or aggravated in the line of duty;  **OR** |
|  I was awarded the Purple Heart for wounds received in combat |

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| Section Two – ORS 408.230 – **select one response only**This is not a promotion test for a position which will put me in a higher class and I am officially certified as having service connected disabilities; **OR** |
| After my initial permanent appointment to a civil service position, I was granted military leave to serve in the armed services, and then returned to duty in a permanent civil service position. This is a promotion to a position that would put me in a higher job class having a higher maximum salary rate. ORS 408.230(5) |

**Work Experience**

List and describe your work and/or volunteer experience starting with your current position.

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| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? Yes No |
| Address: |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |
|  |  |

|  |  |
| --- | --- |
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? Yes No |
| Address: |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

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| --- | --- |
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |

|  |  |
| --- | --- |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? Yes No |
| Address: |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

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| --- | --- |
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? Yes No |
| Address: |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

|  |  |
| --- | --- |
| Position title: | Hours worked per week: |
| Start and end dates (month/year): / – / | Monthly salary: |
| Employer name: | Name and title of supervisor: |
| May we contact this employer? Yes No |
| Address: |
| City/State: , | ZIP: |
| Duties: | Reason for leaving: |

Attach additional sheets if necessary.

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| --- | --- |
| Type of school: | Did you graduate? Yes No |
| Name of school: | Major/minor or emphasis: |
| Start date (month/year): End date (month/year): | Degree received: |
| City/State: |

|  |  |
| --- | --- |
| Type of school: | Did you graduate? Yes No |
| Name of school: | Major/minor or emphasis: |
| Start date (month/year): End date (month/year): | Degree received: |
| City/State: |

Attach additional sheets if necessary.

**Certificates and Licenses**

Type:

License number (if applicable):

Issued by (if applicable):

Date issued (month/year): / Expiration (month/year): /

Attach additional sheets if necessary.

**Skills**

Typing (net WPM):

Data entry (net KPH):

Other skills (indicate level and experience):

Languages (indicate speak/read/write):

**Additional Information**

|  |  |
| --- | --- |
| Name: | Title: |
| Phone: ( ) | Email: |

|  |  |
| --- | --- |
| Name: | Title: |
| Phone: ( ) | Email: |

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| --- | --- |
| Name: | Title: |
| Phone: ( ) | Email: |

I release from liability any employer, person, agency, organization, or employee supplying information regarding me or my previous employment. I also release TriMet from liability which may result from making any investigation of information provided in the application materials or in connection with my employment application.

I understand that this application is not intended to be a contract of employment. I also understand that if TriMet employs me, TriMet may terminate my employment with or without cause during my probationary period of employment and, if hired into a non-union position, at any time during my employment. If my application is for a position that requires a post-offer medical examination or drug screen, I understand that employment is conditioned upon satisfying the requirements of those examinations or drug screens.

I represent that all information on this application is accurate, complete, and true to the best of my knowledge. I understand that TriMet will rely on the information provided in this application in making a decision about my employment, and that falsification, misrepresentation, or omission of information on my application may result in disqualification of my application or my dismissal from employment if I am employed and TriMet subsequently learns of the falsification, misrepresentation, or omission of information.

By signing, I hereby acknowledge, accept, and certify as true and correct the foregoing statements.

**Signature:**

**Date:**

Note to applicants emailing this form: TriMet does not currently accept electronic signatures. You will be required to sign the application if you are chosen to continue in the hiring process.

Optional Applicant Survey **Date: Requistion No**.:

**EQUAL OPPORTUNITY EMPLOYMENT**

TriMet has an Affirmative Action Plan, which requires that we identify each applicant by the factors below. This information will be detached from the Employment Application and used for our statistics. No decision in the selection process will be based on this information. This information is voluntary and will be kept confidential in accordance with applicable laws. Refusal to provide this information will not subject the applicant to any adverse treatment.

**Ethnicity**

Black or African American (not of Hispanic origin) Hispanic or Latino

White (not of Hispanic origin) American Indian or Alaskan Native Asian

Native Hawaiian or other Pacific Islander

Two or more races

**Gender**

Male Female

**Disclosure Statement and Authorization of Release of Records**

***Disclosure: A consumer report containing your personal information may be obtained for consideration of employment with TriMet***

I have carefully read the Fair Credit Reporting Act (FCRA) information in connection with my employment and/or promotion with TriMet. I understand that by signing or initialing, I am indicating my consent for TriMet to obtain a report from a consumer-reporting agency for use regarding my possible employment or promotion.

I understand that if information from a report obtained by a consumer reporting agency is utilized in any way in making an adverse decision abut my potential employment and/or promotion, before making the adverse decision, TriMet will provide me with a copy of the consumer report and a description, in writing, of my rights under the Fair Credit Reporting Act. I understand that the FCRA gives me specific rights in dealing with consumer reporting agencies.

**Initials:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revised 10/27/14

**Fair Credit Reporting Act Authorization**

**Waiver and Release of Liability**

In connection with my employment and/or promotion with TriMet, I have authorized in writing the release of a report from a consumer-reporting agency to TriMet. This report contains personal information about me. By my signature or initials below, I knowingly and voluntarily waive my right of privacy in connection with any investigatin of information for the consumer report, and I release and hold harmless from all legal liability TriMet and any companies or persons who perform the investigation from any liability in connection with that investigation and report. This information includes but is not limited to:

* Confidential information
* Personnel/work references
* Criminal records
* Motor vehicle records
* All other information and records concerning me

**THIS IS A LEGAL WAIVER OF LIABILITY. READ CAREFULLY.**

**Initials:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revised 12/09/14

*Para informacion en espanol, visite* [*www.ftc.gov/credit*](http://www.ftc.gov/credit) *o escribe a la FTC Consumer ResponseCenter, Room*

*130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

**A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C.

20580.

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance,or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

• a person has taken adverse action against you because of information in your credit report;

• you are the victim of identify theft and place a fraud alert in your file;

• your file contains inaccurate information as a result of fraud;

• you are on public assistance;

• you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit- worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in

your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, orunverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit.](http://www.ftc.gov/credit)

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, auser of consumer reports or a furnisher of information to a consumer reporting agency violatesthe FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit.](http://www.ftc.gov/credit)

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

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| --- | --- |
| **TYPE OF BUSINESS** | **CONTACT** |
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency ComplianceManagement, Mail Stop 6-6 Washington, DC 20219800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & CommunityAffairs Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer ComplaintsWashington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear ininstitution's name) | National Credit Union Administration, 1775 Duke StreetAlexandria, VA 22314 703-519-4600 |
| State-chartered banks that are not members of the FederalReserve System | Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation, Office of FinancialManagement, Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051 |

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005
Expires 1/31/2017

Page 1 of

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| Why are you being asked to complete this form? |

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[[1]](#endnote-1)  To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

|  |
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| How do I know if I have a disability? |

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

|  |  |  |  |
| --- | --- | --- | --- |
| * Blindness
 | * Autism
 | * Bipolar disorder
 | * Post-traumatic stress disorder (PTSD)
 |
| * Deafness
 | * Cerebral palsy
 | * Major depression
 | * Obsessive compulsive disorder
 |
| * Cancer
 | * HIV/AIDS
 | * Multiple sclerosis (MS)
 | * Impairments requiring the use of a wheelchair
 |
| * Diabetes
* Epilepsy
 | * Schizophrenia
* Muscular dystrophy
 | * Missing limbs or partially missing limbs
 | * Intellectual disability (previously called mental retardation)
 |
|  |   |   |  |

Please check one of the boxes below:

|  |  |
| --- | --- |
| **☐** | YES, I HAVE A DISABILITY (or previously had a disability) |
| **☐** | NO, I DON’T HAVE A DISABILITY |
| **☐** | I DON’T WISH TO ANSWER |

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 Your Name Today’s Date

**Voluntary Self-Identification of Disability**

Form CC-305

OMB Control Number 1250-0005
Expires 1/31/2017

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|  Reasonable Accommodation Notice |

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

1. Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete. [↑](#endnote-ref-1)