



TriMet Human Resources
 1800 SW First Ave Suite 300
 Portland, OR 97201
 Phone: 503-962-7505 •
 Web: trimet.org/careers

Job Application

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If 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 States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your highest level of education?	
Types of positions you will accept: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Internship <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem	
Preferred Salary:	Are you Willing to Relocate: <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Questions

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is your ID#?

Are you a former TriMet employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of previous TriMet employment: /
Will you be able to satisfy TriMet's attendance requirements, which require employees to report to work on time regularly and to avoid absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If required by the job, can you work nights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If required by the job, can you work weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If required by the job, can you work holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If required by the job, can you work split shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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? (if yes, I will provide proof of eligibility by submitting a copy of my DD-214 or DD-215)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>QUALIFIED VETERAN QUESTIONS:</u> 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 <u>DD-214 or DD-215</u> .	
<u>Section One</u> – ORS 405.225(1) and ORS 408.225(2) – <u>select one response only</u>	
<input type="checkbox"/> 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) <u>OR</u>	
<input type="checkbox"/> 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) <u>OR</u>	
<input type="checkbox"/> 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) <u>OR</u>	
<input type="checkbox"/> I received a combat or campaign ribbon for service in the Armed Forces of the United States; ORS 408.225(1)(B)	
<u>Section Two</u> – ORS 408.230(1) and ORS 408.230(5) – <u>select one response only</u>	
<input type="checkbox"/> 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); <u>OR</u>	
<input type="checkbox"/> 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)

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

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.

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
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May we contact this employer? Yes No

Address: _____

City/State: _____ , _____	ZIP: _____
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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: _____
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May we contact this employer? Yes No

Address: _____

City/State: _____ , _____	ZIP: _____
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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: _____
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May we contact this employer? Yes No

Address: _____

City/State: _____ , _____	ZIP: _____
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Duties: _____	Reason for leaving: _____
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Attach additional sheets if necessary.

Education

Type of school:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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):
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Additional Information

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Professional References

Name:	Title:
Phone: ())	Email:

Name:	Title:
Phone: ())	Email:

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: _____

Requisition 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 about 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:** _____

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 investigation 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:** _____

Para informacion en espanol, visite 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 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 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 for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable 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.

- **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, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the 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.

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:

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 Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs 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 Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration, 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve 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 Financial Management, 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
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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 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.

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

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.

ⁱ 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.

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.