



PART-TIME BUS OPERATOR (Position Title: Mini-Run Operator)

Please read and sign this sheet before completing your application.

IMPORTANT: Driving Record and Criminal History sections of the application form are **REQUIRED**. If you fail to provide information that appears on your driving record or on your criminal history, it will be cause for rejection of your application and will immediately disqualify you from this process.

YOU MUST ATTACH A COPY OF YOUR DRIVING RECORD WITH THIS APPLICATION.

Applications that do not include copies of driving record will be rejected.

The title, Mini-Run Operator, means part-time employment with TriMet, operating a full-size, mass transit vehicle. A part-time Operator's regularly scheduled assignment pays a minimum of five (5) hours to a maximum of six (6) hours per work day. There is a weekly guarantee of 25 hours. **Part-time Operators work a split shift** (a.m. and p.m. pieces). Public transportation may not be available to all assigned shifts, therefore you must have your own transportation to and from work. **Part-time operators work Saturdays, Sundays and holidays.** They may also be assigned split days off. **All work assignments, including days off, are selected on the basis of seniority.**

Job Duties/Responsibilities

- **Safe operation** of the transit vehicle while following routes and schedules.
- **Informing** customers about fares, routes, schedules and operating rules.
- **Announcing** major intersections, transfer points, and points of interest.
- **Assisting** disabled passengers in boarding and exiting the vehicle.
- **Prompt and regular attendance.**

Minimum Requirements

- **Excellent Driving Record**—applicants must have a current, valid driver's license and an excellent driving record for the past five (5) years.
- **Superior Customer Service**—a minimum of two (2) years work demonstrating strong customer service skills including interaction with customers, problem-solving, and customer assistance.
- **Good Work Record**—with references and verifiable work experience. Self-employed individuals must provide documentation of work performed.

Part-time Operators are commercial drivers; therefore, you must provide a complete employment history of at least 10 years. A Commercial Driver's License (CDL) Instruction Permit will be required before starting training. A CDL must be acquired before completion of training.

Driving Requirements—It is your responsibility to provide a recent copy (no older than 30 days) of your driving record(s). **Applications will not be accepted without a copy of your driving record attached. You must obtain a Certified Court Print document from the Department of Motor Vehicles (DMV). Those applicants who reside in Washington are required to obtain their Driving Abstract Record. You are responsible for providing us a copy of your driving record from every state of residence in the past five (5) years. Out-of-state applicants will be required to obtain an Oregon or Washington driver's license upon conditional offer of employment. Driving records are reviewed for the following:**

Serious violations, which appear on the driving record, will disqualify an applicant from further consideration for a period of 10 years. These violations include, but are not limited to:

- A misdemeanor or felony.
- Driving while under the influence of alcohol or drugs.
- Negligent or reckless driving.

Less serious violations will disqualify an applicant from further consideration if they occurred in the last five (5) years:

- More than two (2) moving violations.
- More than one (1) accident.*
- Any combination of two (2) moving violations and (1) one accident.*
- Any combination of careless driving and another moving violation or accident.
- More than two (2) convictions or combination of convictions for driving without a license or driving without insurance.

License suspensions will be reviewed for cause.

* No-fault documentation for disqualifying accidents will be considered.

Criminal Record Check

TriMet will conduct a criminal record check that will include fingerprinting. You are responsible for providing TriMet the location and duration of residence for each state in which you lived during the past 10 years and the locations you have worked in the past 10 years. Convictions for crimes with impact on public safety, property or life, or other factors related to the bus operator job, may disqualify an applicant. Failure to fully disclose all convictions on the employment application, regardless of when they occurred, will immediately disqualify you from the process. This will include all out-of-state convictions.

Selection Process

Any single step in the process may result in disqualification. Applicants who perform best overall will be offered employment. Former TriMet Operators who apply are subject to the Bus Operator Rehire Policy. An applicant who has been disqualified twice within a calendar year will not be eligible to apply again for 12 months from the date of the last disqualifying event.

Selection process consists of:

1. Application Review
2. Testing/Work Demonstration Exercise
3. Driving Record Review
4. Panel Interview
5. Criminal Record Check/Fingerprinting
6. Work Reference Check
7. Medical Evaluation/Drug Screen
8. Ability to obtain CDL Permit

Persons needing an accommodation under the American's with Disabilities Act for any part of the application process should contact TriMet Human Resources staff at 503-962-7635. A minimum of two workdays notice prior to the need for accommodation is required.

Training Program

New Operators are required to complete a five-week training program. Employment is full-time for the five weeks of training. Those offered employment will be required to obtain their Oregon or Washington CDL Instruction Permit and a valid DOT Medical Card as part of the application process. A trainee must be able to demonstrate daily progress to continue in the program. Occasionally, applicants may be screened out during the training period.

Pay and Benefits

The training pay is \$7.99 per hour. After completion of training, Operators will receive \$11.14 per hour. After the first six (6) months of employment, Operators receive regular pay increases every four (4) months until the top rate of \$20.25 is reached at 35 months. Part-time Operators will be eligible for the following benefits:

After thirty (30) days

Fully paid health/dental/vision for self
Transit pass for self
Transit pass for family members
Paid holidays and sick leave

After six (6) months

Short term disability & life insurance
Education assistance/Emp.Assistance Prgm.

After one (1) year

Vacation

Other Information

- **Amalgamated Transit Union, Local 757**—Part-time Operators are required to become a member of this Union. Current initiation fees are \$150; monthly dues are approximately \$32.20.
- **Six-month Probationary Period**—begins at completion of training period.
- **Employment Eligibility**—TriMet hires only people who are authorized to work in the United States. Employees are required to complete an I-9 form and provide documentation within three (3) days of hire.

REMEMBER:

1. Your application must be complete and legible. **Incomplete and illegible applications will not be considered.**
2. You must provide a complete work history or a work history of **at least 10 years.**
3. You are responsible for providing a **Certified Court Print of your driving record** from all states in which you have lived in the past five (5) years. Applications without a driving record attached will not be considered.
4. You must provide TriMet the city, county and state of each residence and each work location in the past 10 years. You must disclose all convictions appearing on your criminal history, regardless of when they occurred, and include out of state convictions.
5. **Everything in this application must be true. Any facts or statements you make on your application or during the selection process which later prove to be false may result in disqualification and/or termination.**

I do hereby certify that I have read the information on this sheet and fully understand its contents.

Date: _____

Signature: _____

Application for Employment

TriMet makes reasonable accommodations for qualified individuals with disabilities, unless it would be an undue hardship. If you believe you need a reasonable accommodation in order to participate in the application or interview process, please notify a Human Resources representative of the requested accommodation.

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.

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.



Tri-County Metropolitan Transportation District of Oregon
 Attn: Human Resources
 4012 SE 17th Ave., Portland, Oregon 97202

TriMet is an Equal Opportunity and Drug Free Workplace Employer.

Last Name		First	Middle Initial	Position Applied For	Req No.	Today's Date
Address				Home Phone	Message Phone	
City		State	Zip Code	In Emergency, Notify		
Social Security Number		Work Phone		Phone		
Referred by:	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Jobline	<input type="checkbox"/> TV	<input type="checkbox"/> Other, Specify _____	Date Available To Work
	<input type="checkbox"/> Employee	<input type="checkbox"/> State Employment	<input type="checkbox"/> School	<input type="checkbox"/> Radio	<input type="checkbox"/> TriMet Web Site	

Experience Record

Begin with most recent experience, and *list all periods of employment for the last 10 years*. Include volunteer and U.S. Military experience. **If there are any periods of unemployment longer than three months, please explain in space provided.** **NOTE:** Attach additional sheets if necessary.

From: mo./yr.	To: mo./yr.	Name of Firm	City	State	Zip	Title	Supervisor	Phone	Ending Salary
Address									
Duties/Responsibilities									
Reason for Leaving								May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From: mo./yr.	To: mo./yr.	Name of Firm	City	State	Zip	Title	Supervisor	Phone	Ending Salary
Address									
Duties/Responsibilities									
Reason for Leaving								May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From: mo./yr.	To: mo./yr.	Name of Firm	City	State	Zip	Title	Supervisor	Phone	Ending Salary
Address									
Duties/Responsibilities									
Reason for Leaving								May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From: mo./yr.	To: mo./yr.	Name of Firm	City	State	Zip	Title	Supervisor	Phone	Ending Salary
Address									
Duties/Responsibilities									
Reason for Leaving								May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Give dates and explain all periods of unemployment over 3 months.									
1. From (mo./yr.): _____ To (mo./yr.): _____ Reason: _____									
2. From (mo./yr.): _____ To (mo./yr.): _____ Reason: _____									
Please list any other skills, certifications, or licenses that would qualify you for this position. NOTE: Attach additional sheets if necessary.									
What software have you used? _____ Typing Speed: _____ wpm									

Education Record

Name of School	Location			
High School		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No		
College		Dates (from/to)	Degree	Major
Other		Dates (from/to)	Degree	Major

Will Visa or Immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	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		Can you perform the essential duties of the job for which you are applying with or without reasonable accommodation? <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 Weekends/Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Split Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No				
As an adult, are you awaiting prosecution, or have you ever been convicted of a criminal offense other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: (Convictions are evaluated for each position and are not necessarily disqualifying.) NOTE: Attach additional sheets if necessary.				
Have you ever served in the Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No	Rank at Entry	Rank at Discharge	Type of Discharge	Branch of Service

Applicants for positions requiring driving (and driver's license) complete the following:

Oregon State Driver's License Number	Have you held a Driver's License in a state other than Oregon in the last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Expiration Date	State:				
How long have you been driving since you obtained your first driver's license?	License Number:				
List all traffic violations, other than parking violations, received in the United States and Canada within the last five (5) years. Begin with the most recent violation.					
Month/Year	Violation	City/State or Province	Was it on the job?	Was license suspended or revoked?	Were you fined?

In consideration of my being evaluated and considered for employment, I hereby authorize TriMet to verify the information provided on this application. I affirm that to the best of my knowledge, the information given on this application and in interviews is true and correct. I realize that any misrepresentation or omission of required facts is cause for rejection of my application(s) or possible termination of my employment at TriMet.

I understand that an offer of employment is conditional upon the results of a post-offer medical examination and/or drug screen as defined by policy or required by law. I consent to that examination/screen. I understand that confirmed positive drug test results, refusal to submit to such drug screen, falsification of test results, or alteration of test forms will result in the disqualification of my application or termination of employment. I also understand that an offer of employment may be revoked if the post-offer medical exam shows that I am unable to perform the essential functions of the job 1) with reasonable accommodation, if necessary, and 2) without direct threat to others or myself.

I understand that nothing contained in this employment application or any other company document creates a contract between the company and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding on the company. If an employment relationship is established, I understand that employment at TriMet is at-will, and that I may resign, or my employment and compensation can be terminated with or without cause, and with or without advance notice, at any time, by either myself or the company.

Signature _____ Date _____

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give TriMet's representatives any and all information regarding me and my previous employment. I release TriMet and all previous employers and supervisors from liabilities for and damages that may result from furnishing information to TriMet. If employed, I release TriMet from any liabilities for future references it may provide regarding my work at TriMet.

Signature _____ Date _____

Personal Data Inquiry

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 the information will be 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.

Please complete items 1-8 below.

1. Male Female
2. Social Security Number _____ - _____ - _____
3. Title of Position Applied for _____
4. Veteran (Viet Nam Era served between 8-5-64 – 5-7-75)
5. Do you have a disability? Yes No
6. What type of accommodations are needed?

7. Ethnic Origin—Please Check ONE
 Black (not of Hispanic origin) White (not of Hispanic origin)
 Asian OR Pacific Islanders Hispanic
 Native American OR Alaskan Native
8. Date _____

Name

Date

Mini-Run Operator Supplemental Application

The purpose of TriMet's supplemental application is to gather more information about your background, qualifications, and relevant skills as they pertain to our Mini-Run Operator position needs. In order to determine your customer service abilities, please answer, in your own handwriting, the following four questions as completely and thoroughly as possible, using actual instances wherever possible. Feel free to use additional pages, if necessary.

1.
 - a. Describe a job you've had in which customer service was an important element.
 - b. Why was it important?
 - c. Tell us specifically what you did to guarantee customer satisfaction in that job.

2. Describe a specific experience when you had to help a customer who was upset and angry. How did you handle the situation? What was the outcome?

3. Describe what it is about you that will make you a successful bus driver?

4. What do you think will be the most difficult part of being a bus driver?

Disclosure and Authorization of Release of Records

In connection with your application for employment (and/or promotion), please be advised that we may obtain a consumer report to be used in considering you for employment.

In the event that information from a report obtained by a consumer reporting agency is utilized in whole or in part in making an adverse decision with regard to your potential employment and/or promotion, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act (see reserve side).

The Fair Credit Reporting Act (FCRA) gives you specific rights in dealing with consumer reporting agencies.

Please read carefully before signing below. By your signature below, you hereby authorize Tri-Met to obtain a consumer report and/or an investigative report about you which will be used in considering you for employment and/or promotion.

This information includes, but is not limited to:

- Confidential information
- Personnel/work references
- Criminal records
- Motor vehicle records
- All other information and records concerning you

This Authorization is valid for a period of one year after the date below unless I become employed by Tri-Met, in which event this Authorization will continue in effect during any period of employment until such employment terminates.

Print First Name

Full Middle Name

Last Name

Maiden or AKA

— —

Social Security Number

Date of Birth: Month/Day/Year

Signature

Today's Date

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you-such as if you pay your bills on time or have filed bankruptcy-to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's website (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

1 You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you-such as denying an application for credit, insurance, or employment-must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

1 You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

1 You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source may review your evidence and reports its findings to the CRA. (The source also must advise national CRAs-to which it has provided the data-of any error.)The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement if filed, you may ask that anyone who has recently received your report be notified of the change.

1 Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

1 You can dispute inaccurate items with the source of the information. If you tell anyone-such as a creditor who reports to a CRA-that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

1 Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

1 Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA-usually to consider an application with a creditor, insurer, employer, landlord, or other business.

1 Your consent is required for reports that are provided to employers, or reports that contain medication information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

1 You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be kept off the lists indefinitely.

1 You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

<u>The FCRA gives several different federal agencies authority to enforce the FCRA</u>	
For Questions or Concerns Regarding:	Please Contact:
CRAs, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of Comptroller of the Currency Compliance Management MS 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 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 Programs Washington, DC 20522 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Admin 1775 Duke Street Alexandria, VA 22314 703-518-6360
Banks that are state-chartered or are not Federal Reserve System members	Federal Deposit Insurance Corp Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by form 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 Admin - GIPSA Washington, DC 20250 202-720-7051

Residences and Employment Outside the State of Oregon

If you have **resided** or **worked** outside the State of Oregon for any period of time within the last 10 years, you must provide us with dates, cities, counties, and states on the lines below.

Yes, I have resided or worked outside the State of Oregon within the last 10 years (complete info below)

Date Beginning/End	City	County	State

No, I have **not** lived or worked outside the Sate of Oregon in the past 10 years

Print First Name

Full Middle Name

Last Name

Maiden or AKA

Social Security Number

Date of Birth: Month/Day/Year

Signature

Today's Date