



The Fort Wayne Public Transportation Corporation  
An Equal Opportunity Employer

801 Leesburg Road  
Fort Wayne, Indiana 46808  
(260) 432-4977

## APPLICATION FOR EMPLOYMENT

Thank you for considering applying for a position with CITILINK. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. Please be very careful completing this application. This application will remain on file for 180 days from the date you originally submit it, whereupon you should resubmit a new application if you continue to have an interest in a position with CITILINK.

### BACKGROUND/MVR CHECKS

Citilink will conduct a full background check on all candidates for employment. Citilink will also conduct a motor vehicle record check on all candidates for positions requiring an operator's license.

### DRUG AND ALCOHOL SCREENING

CITILINK is committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a pre-employment drug/alcohol screen.

Position Applied For: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Personal Data

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Have you ever worked for Citilink/FWPTC? \_\_\_ Yes \_\_\_ No

Have you ever worked for another transportation agency or company? \_\_\_ Yes \_\_\_ No.

If yes, what was the name and location of the agency? \_\_\_\_\_

Military Experience \_\_\_\_\_

### Education

Circle Highest Grade Completed: Grade/Middle School 1 2 3 4 5 6 7 8 High School 9 10 11 12 Tech. School 1 2  
Accredited College 1 2 3 4 Graduate School 1 2 3 4 GED? \_\_\_ Yes or \_\_\_ No

	Name	Address	City/State
Grade School			
Middle School			
High School			
Tech, Trade, or Apprentice			
College			

Please list any other special training or schools attended: \_\_\_\_\_

### Personal Information

Would you consent to a pre-employment physical examination at the Company's expense? \_\_\_ Yes \_\_\_ No

Are you able to perform the essential duties of the job you are applying for with or without reasonable accommodation? \_\_\_ Yes \_\_\_ No (essential duties are listed in the position description)

If No, describe the duties that cannot be performed: \_\_\_\_\_

Have you ever been arrested for or convicted of a crime that has not been expunged by a court? \_\_\_ Yes \_\_\_ No

Have you been convicted of any misdemeanors or serious traffic offenses in the past 7 years? \_\_\_ Yes \_\_\_ No

Do you have any moving violations within the past 3 years? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Do you have any relatives employed by this company? \_\_\_ Yes \_\_\_ No. If so, name \_\_\_\_\_

Are you able to work any hours, including weekends? \_\_\_\_\_

How did you hear about this job opening? \_\_\_\_\_

#### All Applicants shall fill out this section:

Do you have a current and valid Indiana driver's license? \_\_\_ Yes \_\_\_ No

**Bus Operators & Maintenance Positions: As a requirement of employment you may need to be able to obtain and keep a CDL Class B License or a CDL Class A License depending on your job.**

Do you presently have a Class A CDL license? \_\_\_ Yes \_\_\_ No

Do you presently have a Class B CDL license? \_\_\_ Yes \_\_\_ No

(over)

Do you have a passenger endorsement? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, do you have points against your license? \_\_\_\_\_  
 Do you have a CDL Learner's Permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Employment Experience**

Start With Most Recent

Dates (mo./yr.)	Name and Address of Employer	1. Job Title 2. Department/Supervisor	Describe Major Duties	Reason for Leaving
From _____ To _____		1. 2.		
From _____ To _____		1. 2.		
From _____ To _____		1. 2.		
From _____ To _____		1. 2.		
From _____ To _____		1. 2.		
From _____ To _____		1. 2.		
From _____ To _____		1. 2.		

**Personal References**

List three references other than employers or relatives

Name	Address	Occupation	Telephone Number

In case of emergency, notify:

Name	Address	Relationship	Telephone Number

I understand that employment is subject to the taking of a physical examination by a designated physician, the satisfactory completion of a pre-employment drug and alcohol screen.

I certify that the information I submitted is correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact from this application shall be considered cause for dismissal at the discretion of the company. I authorize the company to make a confidential review of my character and ability including securing any report.

I agree that this application is not intended to create a contract of employment with Citilink.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_