



## MISSOULA URBAN TRANSPORTATION DISTRICT EMPLOYMENT APPLICATION

Position applied for:	Date of application:
-----------------------	----------------------

**This application must be completed even if a resume is submitted.**

**Instructions:**

1. Download the application file to your computer;
2. Rename the file using your last name and save it to your computer;
3. Fill out the fields with your information and save;
4. Attach the completed application with other documents that you want to submit;

**Email to:** [HumanResources@Mountainline.com](mailto:HumanResources@Mountainline.com) **OR**  
**Mail to:** Missoula Urban Transportation District, 1221 Shakespeare St., Missoula, MT 59802

**Name:**

\_\_\_\_\_  
Last First Middle

**Address:**

\_\_\_\_\_  
Street City State Zip

**Phone:**

\_\_\_\_\_  
Email: \_\_\_\_\_

How many years have you lived at this address? \_\_\_\_\_ How long have you lived in Missoula? \_\_\_\_\_

	High School	Technical School	College	Other
Name and Location				
Years Completed	9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Diploma or Degree/ Course of Study				

Are you eligible to work in the U.S.? ☐ Y ☐ N

(Proof of citizenship or immigration status will be required upon employment)

Have you worked with us before? ☐ Y ☐ N

If yes, when? \_\_\_\_\_

Are you related to any employee of Mountain Line? ☐ Y ☐ N

If yes, identify by name, relationship and department. \_\_\_\_\_

## Work History

Start with the most recent employer, include military service and any volunteer work which has provided experience that would help you qualify for the position. This information must be completed even if a resume is submitted.

Employer:	Dates employed:
Employer's address:	Employer's telephone number:
Job title:	Supervisor:
May we contact your supervisor? <input type="checkbox"/> Y <input type="checkbox"/> N	
Work performed:	
Reason for leaving:	

Employer:	Dates employed:
Employer's address:	Employer's telephone number:
Job title:	Supervisor:
May we contact your supervisor? <input type="checkbox"/> Y <input type="checkbox"/> N	
Work performed:	
Reason for leaving:	

Employer:	Dates employed:
Employer's address:	Employer's telephone number:
Job title:	Supervisor:
May we contact your supervisor? <input type="checkbox"/> Y <input type="checkbox"/> N	
Work performed:	
Reason for leaving:	

## Work History

Start with the most recent employer, include military service and any volunteer work which has provided experience that would help you qualify for the position. This information must be completed even if a resume is submitted.

Employer:	Dates employed:
Employer's address:	Employer's telephone number:
Job title:	Supervisor:
May we contact your supervisor? <input type="checkbox"/> Y <input type="checkbox"/> N	
Work performed:	
Reason for leaving:	

Employer:	Dates employed:
Employer's address:	Employer's telephone number:
Job title:	Supervisor:
May we contact your supervisor? <input type="checkbox"/> Y <input type="checkbox"/> N	
Work performed:	
Reason for leaving:	

Employer:	Dates employed:
Employer's address:	Employer's telephone number:
Job title:	Supervisor:
May we contact your supervisor? <input type="checkbox"/> Y <input type="checkbox"/> N	
Work performed:	
Reason for leaving:	

### General Information

Have you had military experience in the US Armed Forces?

☐ Y

☐ N

If yes, what branch \_\_\_\_\_ Length of duty \_\_\_\_\_

Would you consent to a pre-employment background check?

☐ Y

☐ N

Are you able to perform the essential requirements of the job as you understand it?

☐ Y

☐ N

Have you ever been convicted of any crime?

☐ Y

☐ N

If yes, describe in full:

Current License:

State: \_\_\_\_\_

Type: \_\_\_\_\_

List all states that you have held a drivers license:

List all motor vehicle accidents three years prior to the date of this application:

On what date are you available for work? \_\_\_\_\_

How did you learn about the job opening? (Check all that apply.)

Advertisement: ☐

Internet: ☐

Walk-in: ☐

Current Employee: ☐

Name: \_\_\_\_\_

Other: \_\_\_\_\_

### Complete this section if applying for an administrative/office position

On a scale of 0 to 5, with 0 indicating no experience and 5 indicating highly proficient, rate your expertise in the following:

Microsoft Word \_\_\_\_\_

Microsoft PowerPoint \_\_\_\_\_

Microsoft Excel \_\_\_\_\_

Microsoft Access \_\_\_\_\_

Summarize special skills and training relevant to the job.

**Complete this section if applying for an operator or maintenance position.**

Do you currently have a Class B Type II License?

☐ Y☐ N

If yes, State and expiration date: \_\_\_\_\_

Air brake endorsement?

☐ Y☐ N

Passenger endorsement?

☐ Y☐ N

Do you presently have any points against your license?

☐ Y☐ N

If yes, how many? \_\_\_\_\_

Would you consent to a pre-employment physical at MUTD's expense?

☐ Y☐ N

Please give any additional information that describes your qualifications and capabilities.

**Professional References**

	Name	Address	Occupation	Telephone #
1				
2				
3				

May we contact your references?

☐ Y☐ N

Missoula Urban Transportation District (MUTD) provides equal employment opportunities (EEO) and affirmative action to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, genetics or any other legally protected status. In addition to federal law requirements MUTD complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment. Applicant access to the MUTD office limited by physical disability will be accommodated, please call (406) 543-8386. This material is available in an alternate format upon request. Interviews are given on a competitive basis, using job-related factors, after a completed application has been received and reviewed.

I certify that the answers given on this application are true and complete to the best of my knowledge. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment with MUTD or, if hired, may be grounds for termination at a later date. I am aware that previous employers may be contacted as references.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**Incomplete or unsigned applications will not be considered.****MUTD USE ONLY**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

<b>DOT Drug and Alcohol</b>
-----------------------------

Have you ever tested positive for a DOT drug and / or alcohol test?

☐ Y

☐ N

Have you ever tested positive, or refused to test, for a pre-employment drug or alcohol test for a position which you were not hired?

☐ Y

☐ N

Missoula Urban Transportation District (MUTD) provides equal employment opportunities (EEO) and affirmative action to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, genetics or any other legally protected status. In addition to federal law requirements MUTD complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment. Applicant access to the MUTD office limited by physical disability will be accommodated, please call (406) 543-8386. This material is available in an alternate format upon request. Interviews are given on a competitive basis, using job-related factors, after a completed application has been received and reviewed.

I certify that the answers given on this application are true and complete to the best of my knowledge. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment with MUTD or, if hired, may be grounds for termination at a later date. I am aware that previous employers may be contacted as references.

---

Signature

---

Date

## Missoula Urban Transportation District Application Self-Identification Form

This is a voluntary and confidential form which is kept separate from your application. The Missoula Urban Transportation District receives funds from the federal government and is required to complete required reports of applicants by race/ethnic categories, sex, and disability status. This information is analyzed to determine if our selection process assures equal employment opportunity. We appreciate your cooperation in providing the following information.

Name: \_\_\_\_\_  
Last First MI

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Position applied for: \_\_\_\_\_

Please check if applicable:

☐

**DISABLED**

Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

☐

**DISABLED VETERAN**

A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 per centum or more or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

☐

**VIETNAM ERA VETERAN**

A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was honorably discharged or released therefrom with other than a dishonorable discharge or was discharged or released from active duty for a service connected disability.

Please check one of the following:

☐

**WHITE (Not of Hispanic Origin)**

A person having origins in any of the original peoples Europe, North Africa, or the Middle East.

☐

**BLACK (Not of Hispanic Origin)**

A person having origins in one of the black racial groups of Africa.

☐

**SPANISH (Hispanic)**

A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

☐

**ASIAN OR PACIFIC ISLANDER**

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoa, and the Philippines.

☐

**AMERICAN INDIAN OR ALASKAN NATIVE**

A person having origins in any of the original peoples of North America, who maintains cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Missoula Urban Transportation District is an equal employment opportunity and affirmative action employer