



520 Gorge Road East, P.O. Box 610, Victoria, BC V8W 2P3 Telephone (250) 385-2551 Fax (250) 995-5664 Website www.bctransitjobs.com

APPLICATION FOR EMPLOYMENT AS A

- TRANSIT OPERATOR** **COMMUNITY TRANSIT OPERATOR**

These positions are to be located in the Greater Victoria region.

Please select only one as you can only be in one recruiting path.

Applications must be completed in **FULL** by the applicant only, and in the applicant's own handwriting. Incomplete applications will **not** be processed. Initial boxes **must** be completed. All applications must include the requested documents prior to submission.

The information on this form is collected under the authority of the **BC Transit Act**. It is required to assist in the selection and recruitment of employees and as a basis for determining employment suitability. In the case of successful applicants, the information on this form will be used for the purpose of enabling BC Transit to meet its statutory obligations in relation to its employees and for assisting with human resources planning.

If you have any questions about the collection and use of this information, please contact Human Resources Department: 520 Gorge Road East, Victoria, BC V8W 2P3; phone: (250) 385-2551; fax: (250) 995-5664; or email: careers@bctransit.com.

I, _____
(Print Name)

- 1) Consent to supplying BC Transit, upon initial application and upon subsequent request with an original copy of a British Columbia Driving Record Search (Driver's Abstract) covering the past 5 years from the Licencing Operations Division of ICBC, or from the licencing authority in my area.
- 2) Consent to supplying BC Transit upon initial application and upon subsequent request with an unaltered copy of my Claims Experience Summary covering the past 5 consecutive years from ICBC, or any other vehicle insurance provider.
- 3) Consent to BC Transit's service provider to conduct an enhanced criminal record search including a vulnerable sector search and if required consent to an international record search, and to release the full results to BC Transit.

Signature of applicant

Date

TRANSIT OPERATOR/COMMUNITY TRANSIT OPERATOR APPLICATION CHECKLIST

Please ensure that you have –

- Completed your application** in full and in your own handwriting.
- Included an unaltered copy of your **Class 2 Learners** permit with **air brake restriction** for Conventional Bus, or a **Class 4 Learners** permit for Community Shuttle. If you already hold a Class 2 or 4 license, please include an unaltered copy of your driver's license.
- Included a current **5 year driver's abstract, available from ICBC**. If you have lived in more than one province or jurisdictions in the past 5 years, please include driver's abstracts from all applicable driver licensing offices, similar to ICBC.
 - **P (Provincial)** abstract, as well as
 - **N (National)** abstract if you currently hold a commercial license or have held a Class 1, 2, 3 or 4 license within the last 5 years.
- Included a current **5 year claims experience summary**. If you have lived in more than one province or jurisdictions in the past 5 years, please include claims experience summaries from all applicable auto insurance providers.
- Initialed** in the areas indicated.
- Signed** your application in the requested areas and on the declaration.

Have you ridden the Victoria Regional Transit System before? Yes No

When was the last time you rode public transit?

We encourage you to ride on the Victoria Regional Transit System so that you have a better understanding of the job and becoming a Transit Operator/Community Transit Operator.

TO BE COMPLETED BY APPLICANT ONLY. PLEASE PRINT

1. PERSONAL INFORMATION

Surname		Given Names	
Address		Phone Number	
City and Province		Alternative Phone Number	
Postal Code		Email	
If any references have known you by a previous name, please specify:			

Do you have a valid driver's licence? <input type="checkbox"/> YES <input type="checkbox"/> NO		Driver's licence number:	Issued at (Province/Jurisdiction)
Expiry Date	Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other: _____		Airbrake endorsement <input type="checkbox"/> YES <input type="checkbox"/> NO

Describe the nature and extent of your driving experience in the last 5 years: _____

What commercial vehicles have you had experience operating? (explain driving history): _____

Do you have any driving restrictions? (not including the use of corrective lenses) YES NO If YES, explain: _____

How did you find out about a position at BC Transit:	
<input type="checkbox"/> Newspaper: _____	<input type="checkbox"/> job fair: _____
<input type="checkbox"/> BC Transit website: _____	<input type="checkbox"/> internet: _____
<input type="checkbox"/> friend/family: _____	<input type="checkbox"/> Other: _____

2. GENERAL QUESTIONS

Are you prepared to work shifts? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you legally entitled to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, are you a Canadian Citizen <input type="checkbox"/> or Landed Immigrant <input type="checkbox"/>
Have you ever been employed by BC Transit or any of its predecessor companies? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Initials	
If YES, location and last position held? _____ Date of Employment _____	
Have you ever applied to be a Conventional or Community Transit Operator with BC Transit or any of its predecessor companies? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Initials	
If YES, have you ever participated in any of the following BC Transit recruitment steps?	
Video Testing	YES <input type="checkbox"/> NO <input type="checkbox"/> What year? _____
Trainability	YES <input type="checkbox"/> NO <input type="checkbox"/> What year? _____
Panel Interview	YES <input type="checkbox"/> NO <input type="checkbox"/> What year? _____
If you have been interviewed before, please describe what you have done to improve your qualifications since the last time you were interviewed. Please attach any documentation to verify this information. (example: resume, certificates, etc.) _____ _____ _____	

3. DRIVING RECORD AND MOTOR VEHICLE ACCIDENT INFORMATION

a)	Have you ever been charged or convicted for any offence(s) or assessed any penalty related to your driving or care or control of a motor vehicle either in Canada or any other country? YES <input type="checkbox"/> NO <input type="checkbox"/>
i)	If YES, what was the offence(s)? _____
ii)	Where and when did the offence occur? _____
iii)	In what court and what province/country were you convicted? _____
iv)	When were you convicted for each offence? _____
b)	Have you received additional violations, prohibitions or suspensions that you are currently disputing or have not yet appeared on your driver's abstract? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, please provide details of each occurrence _____
c)	In the past five years, has your Driver's Licence in any other Province or Country been suspended or prohibited? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, please provide details for each occurrence. _____

DRIVING RECORD AND MOTOR VEHICLE ACCIDENT INFORMATION (continued)

d) If you have not resided in BC for the past five years or have not held ICBC motor vehicle insurance for the past five years, please attach an unaltered copy of your insurance claims history letter from the insurance company with which you have previously held vehicle insurance.

As a driver of a vehicle have you been involved in an accident either of a personal nature or work related where you were found to be partially or totally at fault in the past five years? YES NO

If YES, please provide details of each occurrence, including the year of the accident. _____

4. CRIMINAL RECORD INFORMATION

Offers of employment with BC Transit are conditional upon a satisfactory criminal record search. A criminal charge or conviction will not necessarily preclude employment with BC Transit, however, a criminal or motor vehicle charge or conviction which is found to be **related** to the intended employment may result in the loss of an employment opportunity.

Have you ever been **charged** (including obtaining a conditional or absolute discharge) or **convicted** with a criminal offence, including but not limited to:

- a) Offences related to physical or sexual abuse of children: YES NO Initials
- b) Offences related to drugs or alcohol: YES NO Initials
- c) Offences related to violence or the threat of violence, including physical assault: YES NO Initials
- d) Offences related to theft or fraud: YES NO Initials
- e) Offences related to the operation of a motor vehicle: YES NO Initials
- f) Any other offences, not listed above: YES NO Initials

If you answered YES to any of the above, please complete details for each such offence or charge including the actual charge, when the conviction or violation occurred, the facts of the case, and the disposition. Use separate sheet if necessary.

I certify that the answers given by me on this application and during the recruitment process are true and complete. I agree to allow BC Transit to seek references from all former and/or current employers and to confirm all other information set out in this application and supplied during the recruitment process.

 (Signature) (Date)

5. **EMPLOYMENT HISTORY** – List all your employers within the **past 10 years** beginning with your most recent employer, and **include extra pages if necessary to ensure a complete 10 year work history**. If you are self employed or have been self employed please complete Section 7 (see page 9).

CURRENT EMPLOYER: Is it ok to contact your current employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company Name					
Street Address			City	Province	Postal code
Dates Employed		From: Month/Year	To: Month/Year	STATUS	
				Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>
				Casual <input type="checkbox"/>	
Position		Describe your duties and responsibilities			
First and Last Name of Immediate Supervisor		Supervisor's Job Title		Supervisor's Telephone Number	
<p>During this period of employment were you ever absent from work (not including paid vacation)? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If you answered YES, please provide the dates, duration and reason(s) for each absence. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
<p>During this period of employment were you ever late for work? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If you answered YES, please provide the dates, duration and reason(s) for each occasion. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
<p>Have you ever received a verbal/written warning, suspension from work or other form of discipline from this employer?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If you answered YES, please provide the dates, duration and reason(s) for each incident of discipline. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
<p>What is your reason for wanting to leave? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>					

PREVIOUS EMPLOYER(S):			
Company Name			
Street Address	City	Province	Postal code
Dates Employed	From: <small>Month/Year</small>	To: <small>Month/Year</small>	STATUS Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/>
Position	Describe your duties and responsibilities		
First and Last Name of Immediate Supervisor	Supervisor's Job Title	Supervisor's Telephone Number	
During this period of employment were you ever absent from work (not including paid vacation)? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered YES, please provide the dates, duration and reason(s) for each absence. _____ _____ _____ _____			
During this period of employment were you ever late for work? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered YES, please provide the dates, duration and reason(s) for each occasion. _____ _____ _____ _____			
Have you ever received a verbal/written warning, suspension from work or other form of discipline from this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered YES, please provide the dates, duration and reason(s) for each incident of discipline. _____ _____ _____ _____			
Please explain your reason for leaving. _____ _____ _____ _____			

PREVIOUS EMPLOYER(S) continued

Company Name

Street Address

City.

Province

Postal code

Dates Employed From: Month/Year To: Month/Year

STATUS
Part Time Full Time Casual

Position

Describe your duties and responsibilities

First and Last Name of Immediate Supervisor

Supervisor's Job Title

Supervisor's Telephone Number

During this period of employment were you ever **absent** from work (not including paid vacation)? YES NO

If you answered YES, please provide the dates, duration and reason(s) for each absence. _____

During this period of employment were you ever **late** for work? YES NO

If you answered YES, please provide the dates, duration and reason(s) for each occasion. _____

Have you ever received a verbal/written warning, suspension from work or other form of discipline from this employer?

YES NO

If you answered YES, please provide the dates, duration and reason(s) for each incident of discipline. _____

Please explain your reason for leaving. _____

6. EMPLOYMENT GAPS

If there are gaps between each of your employers that are longer than 3 months, please complete this section.

DATES OF GAP

From: Month _____ Year _____ to: Month _____ Year _____

What did you do during the gap? Please be specific.

DATES OF GAP

From: Month _____ Year _____ to: Month _____ Year _____

What did you do during the gap? Please be specific

DATES OF GAP

From: Month _____ Year _____ to: Month _____ Year _____

What did you do during the gap? Please be specific.

DATES OF GAP

From: Month _____ Year _____ to: Month _____ Year _____

What did you do during the gap? Please be specific.

7. SELF EMPLOYMENT HISTORY

If you currently or previously were self-employed please complete this section.

Company Name: _____

Description of Business: Did you maintain any professional affiliations related to your self employment? If YES, please list.

Dates in Operation

From: Month _____ Year _____ to: Month _____ Year _____

COMPANY REFERENCES. Provide information of companies from which you purchased supplies or services. Please provide first and last name of contact person for reference purposes.

_____	_____	_____
Company	Contact Person	Phone number
_____	_____	_____
Company	Contact Person	Phone number
_____	_____	_____
Company	Contact Person	Phone number
_____	_____	_____
Company	Contact Person	Phone number

CUSTOMER/CLIENT REFERENCES. Provide name of customers/clients who have purchased goods or services from your company. Please provide first and last name of contact person for reference purposes.

_____	_____	_____
Company	Contact Person	Phone number
_____	_____	_____
Company	Contact Person	Phone number
_____	_____	_____
Company	Contact Person	Phone number
_____	_____	_____
Company	Contact Person	Phone number

