



Bicycle Transportation Alliance
 PO Box 9072
 Portland, OR 97207-9072
 (503) 226-0676
 Tuesday-Friday 9:00-5:00
<http://www.bta4bikes.org>

APPLICATION FOR EMPLOYMENT

*Please print or type. Form may also be completed and printed using Microsoft Word.
 You must complete this application in full to be considered for employment.
 Resumes may be attached but are not substitutable for this form.*

POSITION INFORMATION	
Job applied for	Today's date
How did you learn of this position?	

APPLICANT INFORMATION		
Last name	First name	Middle name or initial
Current address (street and number, city, and state)		How long have you lived there? Years: Months:
Former address (street and number, city, and state)		How long did you live there? Years: Months:
Daytime telephone number (including area code)	Alternate telephone number (including area code)	
E-mail address		Date available to begin work
Have you ever worked or volunteered for the Bicycle Transportation Alliance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give dates and position description:		
Note: Answering "Yes" to either of the following two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness, and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)		
Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give the date(s) and details:		
Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give the date(s) and details:		
Have you ever used another name? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please indicate the name(s):		
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:		
Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have adequate transportation to and from work? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EDUCATION & TRAINING HISTORY				
School Name and location	Years completed (check)	Diploma/degree	Course of study or major	Specialized training, experience, skills, extracurricular activities.
High school	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>			
College/University	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
Graduate/Professional	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
Trade or correspondence				
Other				

EMPLOYMENT HISTORY			
Please describe your employment for at least the past five years, and any prior experience relevant to this position. Please list the names of your employers in chronological order with present or last employer listed first. (Attach additional pages if necessary.) If self-employed, give firm name and supply business references.			
Job Number 1 (current or most recent position)			
Name of employer		Kind of business	
Employer's address		Name and title of last supervisor	
Telephone		Reason for leaving	
From (month/year)	To (month/year)	Starting pay: \$	(check one) per hour <input type="checkbox"/>
		Final pay: \$	per month <input type="checkbox"/> per year <input type="checkbox"/>
Your title or position		Hours per week (average)	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Duties/responsibilities			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Job Number 2		
Name of employer	Kind of business	
Employer's address	Name and title of last supervisor	
Telephone	Reason for leaving	
From (month/year)	To (month/year)	Starting pay: \$ (check one) per hour <input type="checkbox"/> Final pay: \$ per month <input type="checkbox"/> per year <input type="checkbox"/>
Your title or position	Hours per week (average)	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Duties/responsibilities		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Job Number 3		
Name of employer	Kind of business	
Employer's address	Name and title of last supervisor	
Telephone	Reason for leaving	
From (month/year)	To (month/year)	Starting pay: \$ (check one) per hour <input type="checkbox"/> Final pay: \$ per month <input type="checkbox"/> per year <input type="checkbox"/>
Your title or position	Hours per week (average)	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Duties/responsibilities		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Job Number 4		
Name of employer	Kind of business	
Employer's address	Name and title of last supervisor	
Telephone	Reason for leaving	
From (month/year)	To (month/year)	Starting pay: \$ (check one) per hour <input type="checkbox"/> Final pay: \$ per month <input type="checkbox"/> per year <input type="checkbox"/>
Your title or position	Hours per week (average)	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Duties/responsibilities		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Job Number 5	
Name of employer	Kind of business
Employer's address	Name and title of last supervisor
Telephone	Reason for leaving
From (month/year) To (month/year)	Starting pay: \$ (check one) per hour <input type="checkbox"/> Final pay: \$ per month <input type="checkbox"/> per year <input type="checkbox"/>
Your title or position	Hours per week (average) Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Duties/responsibilities	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Job Number 6	
Name of employer	Kind of business
Employer's address	Name and title of last supervisor
Telephone	Reason for leaving
From (month/year) To (month/year)	Starting pay: \$ (check one) per hour <input type="checkbox"/> Final pay: \$ per month <input type="checkbox"/> per year <input type="checkbox"/>
Your title or position	Hours per week (average) Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Duties/responsibilities	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Job Number 7	
Name of employer	Kind of business
Employer's address	Name and title of last supervisor
Telephone	Reason for leaving
From (month/year) To (month/year)	Starting pay: \$ (check one) per hour <input type="checkbox"/> Final pay: \$ per month <input type="checkbox"/> per year <input type="checkbox"/>
Your title or position	Hours per week (average) Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Duties/responsibilities	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

ADDITIONAL INFORMATION

Have you been terminated or asked to resign from any job within the past five years? Yes No
 If Yes, please explain:

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year	Number of days	Year	Number of days	Year	Number of days
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Please explain any gaps in your employment history:

Please describe your computer skills (see also supplemental questions):

Please indicate any experience, training, and qualifications that you have which you feel are relevant to the position for which you are applying, which are not covered above or in your answers to the supplemental questions. Volunteer experience may be included.

Do you have additional interests or hobbies? (optional)

PERSONAL REFERENCES

Please list persons who know you well (**not** previous employers or relatives).

Name	Occupation	Relationship	Telephone number	Number of years known

CERTIFICATION & SIGNATURE

I certify that all of the information that I have provided on this application is true and accurate.

Signature

Date

The Bicycle Transportation Alliance reserves the right to terminate any employee at any time if it is discovered that they have lied on this application form.

This application will be considered active only for the hiring of the position indicated on Page 1.
 Mail completed application to the address listed on page 1. **KEEP A COPY OF YOUR APPLICATION.**