

APPLICATION FOR EMPLOYMENT

The Allen County Regional Transit Authority (ACRTA) provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, national origin, sex, age, familial status, or disability.

PLEASE PRINT

Date of Application: _____

Applications are kept on file for one year

Position(s) applied for:				
Referral source:Advertisement	Friend	Walk-in	Employment Age	ncy
Other				
Name:				
Last	First		Middle Initial	
Address:				
Street	City	State	Zip	
Telephone:	Email add	ress:		
Are you at least 18 years of age?	_Yes	No		
Are you a citizen of the United States or o YesNo	therwise lega	lly eligible for emplo	oyment in the United	d States?
Have you ever been employed here before (If yes, give date:)	e? Ye	esNo		
Are you employed now?Yes	No			

May we contact your present employer?	YesN	١o
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Have you been employed by a DOT employer in the last 2 years?YesNo Name of employer Have you failed or refused a DOT pre-employment test in the previous two (2) years? YesNo
On what date would you be available for work?
Are you available to workFull TimePart TimeShift WorkTemporary
Are you on a lay-off and subject to recall?YesNo
Are you a Veteran of the U.S. Military service?YesNo If yes, Branch:

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ ad advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual	Disabled Veteran	Vietnam Era Veteran
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Signature_____

If applying for a driving position, are you able to physically perform certain aspects of the job such as sitting for extended periods of time and securing wheelchairs by kneeling on one or both knees?

____Yes ____No

Have you ever been denied a license permit, or privilege to operate a motor vehicle?

____Yes ____No

Has any license, permit or privilege ever been suspended or revoked? _____Yes _____No

Do you currently possess a valid Ohio CDL (Commercial Driver's License)? _____Yes _____No

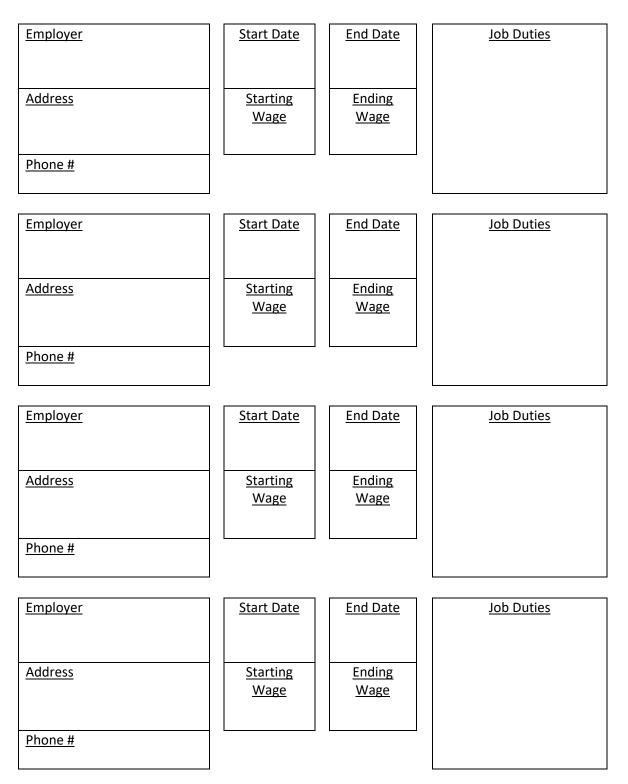
If yes, License number and expiration date: ______

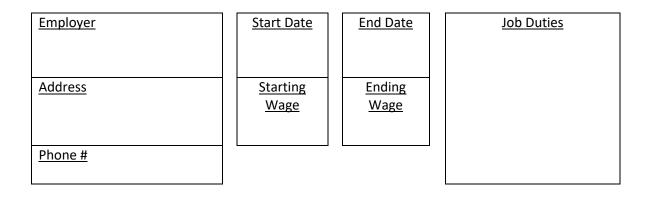
Please provide the name, address, and telephone number of three references who are not related to you and are not previous employers:

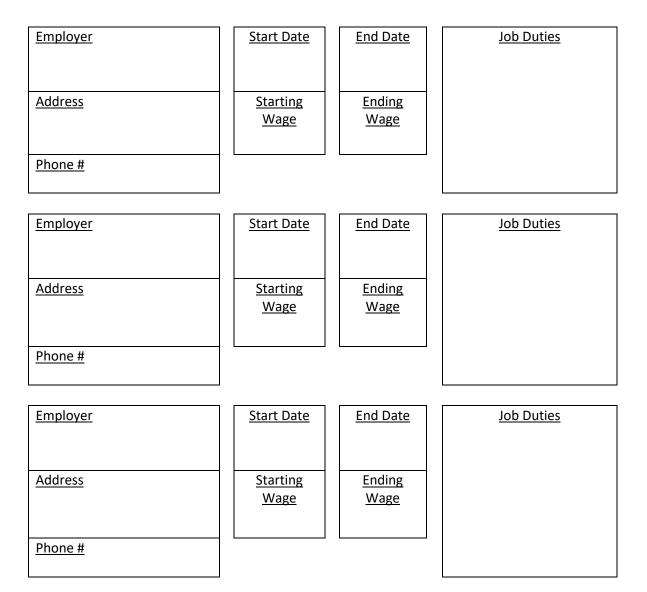
Name	Address	Phone Number
How do you know this person?		
Name	Address	Phone Number
How do you know this person?		
Name	Address	Phone Number
How do you know this person?		

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service and volunteer activities. Exclude organization names which may indicate race, color, religion, national origin, sex, age, or familial status.







EDUCATIONAL RECORD

	High Schoo	ol Colle	ge Grad/Professional
Last year of school completed	123	4 1 2	3 4
If High School was not completed, do	o you have a va	alid GED?Yes	5No
Technical Training			
Special Driving Training			
Safe Driving Awards			
ACCIDENT RECORD (For last	three years.	Give dates, nature o	of accident, at-fault, etc.)
Last accident:			
Next previous accident:			
Next previous accident:			
TRAFFIC CONVICTIONS &	FORFEITU	IRES (For last thr	ee years, including DUI, OMVI, etc.
but excluding parking violations.)			
Location	Date	Charge	Penalty
1			
2			
3			

AGREEMENT

(Please read and sign below)

I hereby grant the Allen County Regional Transit Authority (hereafter referred to as ACRTA) permission to investigate my personal history of financial and credit record through any investigative or credit agencies or bureaus of its choice.

I hereby grant the ACRTA permission to investigate any references and do hereby authorize the release of any and all personal information by any person, business, law enforcement agency, school, medical or other organization to any representative of the ACRTA. I further waive any liability to such person, business, law enforcement agency, school, medical or other organization who provides adverse information to a representative of the ACRTA.

I agree that if I am employed by the ACRTA, it shall thereafter at any time and from time to time have the right to require a medical examination by a physician of my physical and mental condition, and that it shall further be a condition of my employment that I be physically and mentally qualified (as determined by a medical examination) to perform the designed duties of my position.

I agree that prior to employment, I must pass a urine test at a designated collection site. The urine specimen will be tested at an approved laboratory for drug substances (including marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines). A negative test result must be received prior to employment. If you are employed, you will be required to report within five days to the supervisor any conviction for violation of a criminal drug statute.

I agree that if selected for employment, I may be subject to future urine and/or breath testing on a random basis; when there is reasonable suspicion to believe I have used prohibited substances, following an accident; or prior to return to duty if I fail to pass a drug and alcohol test or undergo treatment for drug or alcohol abuse; or am returning to work after an extended leave of more than one month.

I agree that if employed, I will provide myself with a standard watch, as employees are not permitted to use cell phones to check the time while on route. I will also provide myself with a house telephone or cell phone.

I hereby warrant the foregoing answers are true in every particular, and I further agree to resign immediately from the employment of the ACRTA should any one of my statements or answers on this application be found untrue, or should my past record, upon examination by the ACRTA, prove unsatisfactory.

(Next page)

I hereby make application to the ACRTA for employment as ______ and I understand that if I am employed, the first ninety days of employment shall be probationary. During this time, the ACRTA may terminate my employment for any reason it deems just, subject to all applicable laws.

I further agree that in the event the agents insuring the ACRTA, shall deem I am not insurable as a ______ and the ACRTA shall have just cause for terminating my employment.

Note: FBI Criminal Checks will be obtained: Criminal convictions will not automatically disqualify an applicant from a particular job. The ACRTA will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.

I hereby understand that this application does not create a contract of employment.

I understand that ACRTA is a public entity and this document becomes public record.

I further agree that if employed, I will be bound by all the rules, regulations and policies adopted by the ACRTA.

Signature: ______

Date: _____